Clinical Lectures
ON
SOME STRAY SUBJECTS OF HOSPITAL SURGERY.

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LECTURE III.

THERE is a malady not infrequently met with which reaches in its progress to the verge of danger to life, if it does not overstep the line, and which, so far as I know, has not obtained from writers on surgery the full attention it deserves: I mean

PHLEBITIS IN ITS CHRONIC FORM.

It is better known as the product of traumatic causes, and when acute in character and progress it is far more intractable than in the form I am about to allude to. In my belief debility is the parent of disease, and you will not meet with chronic phlebitis except in persons either constitutionally weak or reduced to a low level of health by accidental causes. When I use the term "weak," I do not allude to defective capacity of the muscular frame. This system may be the seat of active and vigorous health; the capacity for physical exercise may be great and enduring; while the structures of *organic life* within the body suffer in a far more positive degree from the evils incidental to a weak circulation. These are, in truth, the "vital powers" of the frame, on the vigour and integrity of which the health of the person more critically depends. I think you will find that all cases of chronic phlebitis are accompanied by a weak and generally by a slow pulse, a pulse readily compressible, and in which the contractions of the heart are by many pulsations below the average standard. Unless you note this feature in such cases—presuming it as a rule to be present,—you will fail in your treatment, and the disease will gain the ascendant. Chronic phlebitis commences with deep-seated pain in the affected limb, which is generally, but not invariably, the lower extremity. It is commonly ascribed to rheumatism, which it in some respects resembles. It is described as an aching pain of the limb, but it is more persistent than rheumatism; and when its seat is detected it will be observed to hold a relation with the large venous system of the limb. The femoral and popliteal veins are the principal seat, but the disease extends downwards along both posterior and anterior tibial and upwards along the internal saphena veins. All these vessels are hard and firm, and consolidated by coagula within them. The evil to be apprehended is the separation of a portion of this coagulum and its transmission into the pulmonary capillaries of the lungs. In a fatal case of chronic phlebitis I have elsewhere reported this sad result occurred, and death followed in the course of a few hours. The disease frequently attacks the opposite limb. In this case the disease had entirely ceased to exist in the left limb, and was gradually subsiding in the right, after involving the vessels for some four or five weeks. In order to prove the healthy condition of the limb, the patient struck his thigh a smart blow with his hand, in his delight at the approaching termination of his long confinement. This occurred at a late hour in the afternoon; he was shortly afterwards seized with difficult respiration, and he broke out in a profuse sweat, and died within eight hours.

The constitutional treatment of cases of chronic phlebitis should be essentially tonic and stimulating—to an extent, however, regulated by the pulse and the necessary support required by the system. If the tendency to coagulation of the blood in the venous channels be due to defective power in the heart and arterial system, it is clear that stimulants on a very positive scale are essential to recovery. As regards local treatment, a liniment composed of mercurial liniment and extract of opium will be applied along the track of the vessels with advantage, and more effectively if the limb be previously fomented with very hot water for fifteen or twenty minutes, and then carefully bandaged with a flannel roller.

WOUNDS INTO JOINTS.

I wish now to address you a few words on the subject of wounds into joints, at all times a serious accident, and, as regards the joint itself, not infrequently a fatal one. In case of doubt as to the joint being involved, it is hardly necessary to say, avoid all exploration. Nature will not permit any intrusion on or violence done to a joint. Peril almost certainly follows. If the joint be opened, and more especially if the wound through the synovial membrane be large or contused, inflammation follows, and the outer wound, which may have shown a disposition to heal, opens. The margins inflame, or at least assume a red colour; and a watery ichor first exudes from the joint, followed by pus. From the wound large and glassy granulations arise, which are eminently characteristic of a wound into a joint. In this condition writers recommend a free incision into the cavity, under the idea that the joint is irretrievably lost. If the discharge of pus diminishes concurrently with increased pain and swelling of the joint, an incision, with a view to dilate the opening, may be advisable, but otherwise I do not think it is, because I am satisfied, from the observation of several cases, that the joint is occasionally perfectly recoverable. I can quote at least three cases in which pus was poured out from the knee-joint,—in one of three days' duration, in a second of ten days', and in a third of three weeks'. In each and all these cases the joints were perfectly restored to their natural functions. If this be so, will you not be careful in adopting what I cannot but consider objectionable practice, that of a premature and fatal incision into a joint, which is yet susceptible of cure by natural processes?

There is more to be said on this subject, but the limits of an hour's lecture will not enable me to enlarge further, as I have other subjects with which to engage your attention, and I wish to say a few words on the supposed evil of

AIR IN WOUNDS.

Now, if I ask a student of surgery the reason why a compound fracture of the large bone of the thigh or leg occupies in its treatment so long a time as compared with that required by a simple fracture, I am almost invariably told, "Because the air gets into the wound." Can this be sound pathology? When the admission of air into the wound is given as the cause of the generally untoward and often serious symptoms that attend this injury, it may not unreasonably be inferred that, if not the sole, it is at all events their prominent cause. But to admit this is to ignore other causes far more probable than the presence of air—viz., the laceration and contusion and disorganisation of the structures within. Suppose a healthy man to have sustained a lacerated and contused wound of the outer skin, will it unite by what is termed the first intention? No; the contused margins of the wound, or a part of it, will probably slough, and the wound will heal by granulations, and instead of a week or two many weeks will be required, if the wound be large, to complete the healing process. And will not this argument suffice in the case of compound fracture, in which so much injury is done to the soft structures around? Besides, what evidence have we that air is admitted, though it is probable that it may be? and, if admitted, what evidence have we of its mischievous character? Can we reasonably infer that the bubbles of air that occasionally escape from the outer wound, indicating the decomposition of the tissues within, are the residue of the air supposed to be forced in at the moment of the accident? Surely not. If surgeons attach so much importance to the presence of air in compound fracture, why is not some effort made to evacuate it before the fracture is "put up"?

I remember hearing an eminent surgeon, when commenting on this commonly received opinion of the deleterious action of atmospheric air in wounds, assert that, had he undergone the operation for psoas abscess, he would have had the cavity of the abscess distended with air by a pair of bellows! In operations for empyema and hydrothorax, of which I have had a full share, I have never made any attempt to exclude air from the cavity of the chest; and I have published elsewhere one interesting case in which, in conjunction with the late Dr. Todd, we wilfully admitted sufficient air to fill a space previously occupied by six pints

of serous fluid. This gentleman had not a bad symptom. In the largest example of emphysema from a broken rib I ever witnessed, the air distended the areolar tissue from the temple to the soles of the feet. It was all gradually removed—I suppose I must say absorbed—in the course of about ten days, except that contained in an enormously distended scrotum, which underwent no change in size, and exhibited no sign of mischief. This I punctured at the expiration of three weeks. A sudden gush of air, having no offensive character, escaped through the canula, and the scrotum fell flaccid; and in two or three days had recovered its ordinary aspect and sensibility. Surely if atmospheric air is so injurious as is often supposed, we should obtain some evidence in favour of this opinion from the results of many forms of large operations: the removal of large tumours, herniæ, lithotomy, amputations, &c. If air be admitted to the interior of the body in such cases, it is doubtless absorbed. And why not, admitting its occasional presence, in compound fracture? With such palpable causes of morbid actions as are furnished by contused and lacerated structures within, which must pursue an indirect path to recovery, I think we may not unreasonably exempt atmospheric air from all participation in the morbid consequences of a compound fracture.

ON THE THERAPEUTICAL EMPLOYMENT OF LACTATE OF IRON.

BY JAMES C. DICKINSON,
LATE BENGAL MEDICAL SERVICE.

I DO not think the lactate of iron has been tried by medical practitioners in England as much as it deserves; while I am confirmed in my supposition by the fact that, whenever I have prescribed it here, patients have experienced a certain amount of delay in procuring it from their chemists.

The lactate of iron, I may observe *in limine*, has been for the last five years extensively prescribed by both civil and military surgeons in the Bengal Presidency; and when it is remembered how great are the varieties of climate, soil, and disease that this immense country embraces, the fact of the lactate of iron having proved in so many hands a valuable tonic induces me to give my experience of its therapeutical value as a blood-restorer and tonic in those cases of disease dependent upon or having their origin in debility. Lactate of iron was first largely prescribed by me in those extreme cases of debility and anæmia, the sequelæ of the most severe form of malarious fever I ever witnessed in India—the Bhootan fever,—presenting, in my opinion, all the depressant characteristics in an intense degree of the Assam fever—a fever which had hitherto been looked upon by Indian practitioners as the most deadly form of fever—the Peshawur even not excepted. The condition of the invalids sent down from Bhootan was as follows:—Extreme prostration, with great tendency to relapse after the slightest exertion or exposure to the sun; enlargement of the spleen in many cases; anæmia; loss of appetite; great depression and giddiness. The emaciation and peculiar sand-like colour of the skin were so remarkable, that among a crowd of invalids you could at once, without hesitation, pick out with perfect certainty the "Bhootan-wallahs" as they were named by the other soldiers. In these cases I prescribed a teaspoonful of the syrup (the form in which I always prescribe it), in water, three times a day. After the medicine had been taken for about ten days, I generally noticed a very marked improvement in the general appearance; depression and sense of being easily fatigued had disappeared, the appetite in the majority of cases was completely restored; and so steadily and rapidly did many of them improve that in about twenty days from their first taking the lactate a patient was enabled to proceed on board ship, without assistance, and look forward to the voyage home with comparative pleasure. Another class of cases which have benefited by the lactate of iron are female complaints, especially anæmia, chloro-anæmia, leucorrhœa, and passive hæmorrhages generally. The two former classes of cases have led me to regard the lactate of iron as a very valuable remedy in female complaints, especially in those forms which depend upon debility.

In anæmia, the first favourable symptom I noticed in patients after taking the lactate was a marked increase in the appetite; this was soon followed by their feeling stronger; they could walk up and down stairs more easily, the palpitation and puffing, the giddiness and headache, insensibly diminished, the healthy complexion was soon recovered, and all functional disturbance was removed.

In leucorrhœa, I mean that form so commonly noticed among European females in India soon after parturition, I seldom had much difficulty in curing them of this distressing local discharge; as, when the beneficial effects of the lactate of iron became evident, a simple astringent injection completed the cure. In functional palpitation of the heart dependent upon debility, and in certain forms of dyspepsia, I have prescribed this medicine with advantage.

In hypertrophy of the spleen—a disease of very common occurrence in all parts of India—I have latterly always prescribed the lactate in preference to any other preparation of iron as soon as the enlargement of the gland was reduced to its normal size by the exhibition of bindaal (Luffa echenata, Nat. ord. Cucurbitaceæ).

The syrup is well adapted for administration to young children, as the taste is not unpleasant. In general atrophy—not uncommon in European children born in India, due to the carelessness of native servants in allowing children to eat whatever and whenever they like, and not unfrequently to the practice of engaging native wet-nurses, who suckle their own children as well as the European,—I have prescribed this medicine, in combination with cod-liver oil, with the best results.

For boils, so common in India, and which present so many varieties, and frequently prevail epidemically, I have found this preparation of decided benefit; it fortifies the system against the debility that boils induce, and thereby, in my opinion, arrests the tendency they so frequently have to recur—e.g., the Delhi boil. In females in India, and I may add in England, who are subject to successive crops or periodical attacks of boils, where the cause is traceable to some kind or other of menstrual irregularity or malassimilation of food, I know of no medicine better calculated to satisfy the hopes of the medical practitioner than lactate of iron.

As a prophylactic against malarious fevers, I have found lactate of iron of great service, due no doubt to its hæmatinic properties; while in some cases, where from idiosyncrasy quinine cannot be borne by the stomach, I have found the lactate a useful substitute. The lactate cannot, however, occupy the position as a prophylactic for Indian fevers that quinine does; it must only be regarded as ancillary to it.

The above *résumé* of cases in which I have employed the lactate of iron leads me to think that this medicine is deserving of trial. It possesses all the properties of the other preparations of iron; as a blood-restorer it is a very effectual remedy; it does not produce constipation, is almost devoid of any disagreeable taste, and in most cases rapidly restores the appetite. As it possesses scarcely any astringency, it may given when the stomach will not bear the more styptic preparations of iron.

Messrs. T. Bell and Co., of Oxford-street, have on several occasions prepared for me the syrup, and it possesses all the properties I have ascribed to the lactate in this paper.

The dose for an adult is a teaspoonful, gradually increased to two, taken either in water or soda-water; and for children half a teaspoonful twice a day, and gradually increased according to age.

London, August, 1870.

"L'Opinion Médicale" of August 13th states that M. Nélaton said, on his return to Paris, that more than 500 wounded are scattered in private houses and estates in the neighbourhood of Nancy, and that these men were not sufficiently tended. Now the French authorities must be very neglectful, when it is considered that no less than 1394 medical men and students have offered their services at Paris, and not one of them has as yet been sent to serve either in regiments, ambulances, or military hospitals; nay, the wounded who have been sent to Paris were accompanied by military surgeons, who are now taking care of them at the Val de Grâce Hospital.

SECOND SERIES OF FIFTY CASES OF OVARIOTOMY;

WITH AN ACCOUNT OF THOSE CASES IN WHICH NO OPERATION WAS PERFORMED.

BY THOMAS KEITH, F.R.C.S. EDIN.

THE accompanying table exhibits a second series of fifty cases of ovariotomy. The first series was published in THE LANCET for Sept. 7th, 1867. Of those in that series who recovered, three have since died: one, after six years, of typhus; another, suddenly, of heart disease, three years after; and a third upwards of two years after operation. In the first fifty the mortality was 22 per cent.; in the present fifty, 16 per cent. In three other cases no attempt was made to complete the operation after it was commenced, and no harm was done. No mistake of diagnosis has happened. Five cases since operated on have recovered.

No.	DATE.	AGE.	CONNEXIONS; WEIGHT OF TUMOUR; ETC.	RESULT.
51	Jan. 1867.	40	Parietal adhesions. 35 lb. Both ovaries removed.	Recovered.
52	Jan.	42	Dermoid cyst. 42 lb. Very extensive parietal and pelvic adhesions.	Died (6th day).
53	Feb.	42	No adhesions. 27 lb. Both ovaries removed.	Recovered.
54	Feb.	42	Dermoid cyst. 10 lb. Pelvic adhesions.	"
55	March	35	Extensive parietal adhesions. 34 lb.	"
56	April	60	No adhesions. 31 lb.	"
57	June	27	Very firm parietal and omental adhesions. 51 lb.	"
58	July	43	Adhesions to wall and in pelvis. 48 lb.	"
59	August	34	Parietal and pelvic adhesions. 11 lb. Ascites and chronic pleurisy.	Died (5th day).
60	Sept.	23	Extensive pelvic adhesions. 31 lb.	Recovered.
61	Nov.	43	Parietal, intestinal, omental, and pelvic adhesions. 8 lb. Ascites. Malignant tumour.	"
62	Nov.	32	Extensive parietal adhesions. 31 lb.	"
63	Nov.	55	Parietal and pelvic adhesions. 23 lb.	"
64	Dec.	32	Parietal and omental adhesions. 16 lb.	"
65	Dec.	40	Very firm parietal and omental adhesions. 19 lb.	"
66	Jan. 1868.	38	Adhesions to omentum, intestine, liver, and spleen. 16 lb. Ascites.	"
67	Feb.	60	No adhesions. 11 lb.	"
68	March	51	No adhesions. Cyst walls 21 lb. Tapped ten days before operation.	"
69	April	27	No adhesions. 22 lb.	"
70	May	63	No adhesions. 18 lb.	"
71	June	21	Omental adhesions. 16 lb.	"
72	June	55	Parietal adhesions. 30 lb.	"
73	June	27	No adhesions. 27 lb.	"
74	June	33	No adhesions. 29 lb.	"
75	August	47	Omental and intestinal adhesions. 9 lb. Ascites.	"
76	Sept.	27	Very extensive parietal adhesion. 41 lb. Both ovaries removed.	Died (6th day).
77	Sept.	40	No adhesions. 8 lb. Ascites.	Recovered.
78	Oct.	59	Parietal adhesions. 26 lb.	"
79	Nov.	41	Adhesion to colon. 61 lb.	"
80	Dec.	47	Extensive parietal adhesion, and to diaphragm. 40 lb.	"
81	Dec.	25	Omental adhesions. 13 lb.	"
82	Dec.	55	No adhesions. 21 lb.	"
83	Jan. 1869.	53	Extensive parietal adhesions. 40 lb.	"
84	Jan.	42	Very firm parietal, omental, and intestinal adhesions, and to liver. 41 lb.	"
85	May	21	No adhesions. 31 lb.	"
86	May	63	Adhesions in pelvis to uterus and rectum. 13 lb. Malignant tumour.	Died (6th day).
87	June	46	Omental adhesions. 14 lb.	Recovered.
88	June	33	No adhesions. 27 lb.	"
89	June	40	Very extensive parietal and omental adhesions. 25 lb. Malignant tumour.	Died (23rd day).
90	July	40	Adhesions to uterus and in pelvis to sacrum. 15 lb. Ascites. Part of tumour left.	Died (7th day).
91	August	25	Dermoid cyst. 17 lb. Parietal and omental adhesions.	Recovered.
92	Sept.	67	No adhesions. 40 lb.	"
93	Oct.	63	No adhesions.	Died (15th day).
94	Nov.	29	Extensive parietal and pelvic adhesions. 22 lb.	Recovered.
95	Dec.	30	Parietal and omental adhesions. 40 lb.	"
96	Jan. 1870.	46	No adhesions. 13 lb.	"
97	Feb.	37	No adhesions. 38 lb.	"
98	March	36	Adhesions to rectum, intestine, and omentum. Ascites. Malignant tumour.	Died (7th day).
99	March	55	Adhesions to intestine. 30 lb.	Recovered.
100	March	35	No adhesions. 21 lb.	"

Of these 100 operations there have thus been 81 recoveries. There has been a gain of 6 per cent. in the last fifty, while those who died survived the operation longer. In the first series death took place, on the average, in the course of the third day; in the latter, during the tenth day. The mortality towards the end would probably have been less had it not been for the accidental circumstance that several of the tumours were cancerous. No malignant tumour was met with till the 61st case. This patient recovered after a very severe operation, remained perfectly well for eight months, and died within a year from cancer of the peritoneum. Taking the cases altogether, the operations were quite as severe as the first fifty. Many of them were badly constitutioned women, and not a few had sought relief elsewhere in vain. Patients have certainly not been sent earlier for operation. Thus, in one week last year, I saw, within a few minutes' walk of my own house, three cases for the first time, whose measurements at the umbilicus were respectively 57, 59, and 62 inches. The 65th case died on the thirty-third day after operation. She had recovered perfectly, and was about to leave, when, after a day of much excitement, and having eaten very freely of hard grapes, symptoms of intestinal obstruction suddenly set in, the bowels having acted freely without medicine a few hours

before. After waiting some days, the abdomen was a second time exposed by an incision an inch to the right of the old cicatrix; the obstruction was easily reached, and was found to be caused by a very old-standing stricture of the lower end of the ileum, which had probably existed from her earliest days. For half an inch of the bowel there was not a trace of muscular fibre, but only peritoneum. The contraction admitted a No. 10 catheter.

Of the three unfinished operations, in the first, on drawing out the cyst, the posterior adhesions were everywhere so old and intimate that nothing more was attempted. A free opening was left in the cyst; the patient got into very good health, married, and remained well for two years, when the fluid rapidly collected. Tapping was required three months ago. In the second a very firmly adherent thin cyst was simply emptied. The patient recovered perfectly, and was afterwards treated by drainage. In the third the uterus was drawn up to within an inch of the umbilicus. The tumour was so fused together with the uterus and bladder, that nothing was done except emptying two large cysts. The patient recovered as after an ordinary tapping, and as yet continues well.

In the following cases no operation was performed. To the best of my belief the list includes every case of ovarian disease which I have seen during this period, and forms a sort of balance-sheet by which the value of the operative results may be judged. I except, of course, several cases of small tumours which as yet have given no trouble, as well as several cases of slow-growing single cyst (a form of the disease which gives rise very often to little trouble) which have been tapped once or oftener, and in which operation may some day be necessary. The first on the list was omitted from the series of cases given in 1867 in which no operation was performed.

1. Case seen with Dr. Mackay, of Elgin. Both local and general conditions were so bad that operation was not advised. Her health, however, improved, and she came to town for ovariotomy. The journey completely prostrated her, and she died three weeks after, one of the cysts discharging putrid fluid.

2. A simple case of non-adherent cyst, seen with Dr. Duncan. Through some misunderstanding, she went home on the second day after being tapped. It was in winter, and she returned with red serum escaping at the puncture. This continued till she died, some weeks afterwards.

3. A Glasgow midwife, seen in the infirmary with Dr. Duncan. She had a large multilocular cyst, and a tumour in the pelvis closely connected with the uterus. I have sometimes thought that ovariotomy might have been successful in this case. She never came to me sober, and was always accompanied by a son and daughter less sober than herself.

4. A young lady with chronic pleurisy, seen with Dr. Christison. She was tapped in the country, and came to town for operation. By this time the effusion had increased, and the heart was beating to the right of the sternum. Thoracentesis was performed, and was repeated nine times, the amount of fluid varying from five to seven pints. The intervals diminished from ten days to three months, and the ovarian tumour continued small, though some ascitic fluid was several times removed. The general health improved so much that there was every prospect of ovariotomy being yet done, when she died suddenly, after some slight exertion.

5. Two cases, seen at different times with Dr. Burns. Both were very unhealthy women suffering from tubercular disease, and in neither was operation entertained.

6. Case of enormous semi-solid tumour, in the last stage of the disease, seen at Morningside, and proving fatal very soon after.

7. A case seen with Dr. Menzies two days after her confinement. Eight gallons of fluid, with much blood, were removed, and ovariotomy was agreed on as soon as the cyst refilled. In two months she had signs of pyæmic fever. Sixty pounds of horribly putrid pus, with masses of fibrin, were removed by an incision into the cyst. After some months a perfect cure resulted from suppuration, and she has had a child since.

8. A case from Yorkshire, in which a large jelly cyst had burst into the peritoneum. The patient had been two months in town before I saw her, and was then far too feeble for any operation.

9. A large tumour, with much ascites, and very enlarged liver, seen with Dr. Williamson, of Leith.

10. Sent by Mr. Page, of Carlisle. The patient had long suffered from asthma, and neither heart nor lungs were sound. The uterus was drawn into the abdomen, and the tumour was firmly adherent in the pelvis. I doubt if ovariotomy was practicable, even had she been a strong woman; and she acted wisely in being satisfied with what relief tapping from time to time gave.

11. A healthy woman from Dumfries, with a large unattached cyst. Ovariotomy was pressed upon this patient, but, by the advice of her medical attendant, she temporised, and returned after a year with her health quite broken down. She had been tapped once, and cyst-inflammation followed. Operation was again urged upon her, but she could not make up her mind, went home, and died soon afterwards.

12. A very favourable case, sent from the infirmary by Dr. Duncan. Two days before operation was fixed on some friends carried her off to the country. She died within a month, of rupture of the cyst.

13. A case of very large, nearly semi-solid tumour, sent a few weeks ago by Dr. McLagan, of Berwick. No operation was recommended, on account of her feeble condition. Two years ago operation had been advised, when she was comparatively a strong woman, and there can be but little doubt that it would then have been successful.

14. The wife of a medical friend, with a semi-solid tumour extending to the umbilicus. She died from rupture of one of the cysts. I had previously given an opinion that the case would never come to be one for ovariotomy on account of the close connexion between the uterus and tumour. Post-mortem examination proved that the tumour could not have been separated from its attachments in the pelvis.

15. A case from Dundee, which I believed to be one of very adherent fibro cystic tumour of the uterus. I was very much pressed by the friend who sent her to me to give this poor woman a chance by operation, but declined, after having kept her beside me for some weeks, and after having removed a thin bloody serous fluid from several moderate-sized cysts. She died soon after in Dundee Hospital. The tumour was fibro-cystic, and could never have been removed during life.

16. Seen at St. Andrews with Professor Bell. The patient was very feeble, and had been often tapped. The tumour was large, everywhere adherent, and fluid was discharging from one of the old punctures. Her feeble condition and the local difficulties made the prognosis so unfavourable that operation was not entertained.

Of the fatal cases—in one, operation was looked upon as simple and safe; in two, the risk did not seem greater than the average risk; in two, the chances were put as being against the patient; while in three the risk was set down as an almost unknown risk, and on this understanding only was operation gone on with.

Death was caused in the simple case from pulmonary embolism, fifteen days after operation. Two died from pyæmia: in one of these part of a very adherent tumour was left attached to the sacrum; in the other, the tumour was cancerous and adherent to the rectum. One fair average case, in which both ovaries were removed, died from large fibrinous clot in the right auricle, without any morbid appearance being found in the abdomen. One case of malignant tumour seemed doing fairly well, when rapid pulmonary congestion carried her off on the sixth day. Another of the malignant cases got over the immediate effect of the operation, and lingered on for twenty-three days, worn out apparently by the general cancerous disease. In one suffering from double chronic pleurisy and ascites, so much relief had followed thoracentesis that ovariotomy seemed justifiable. On the fifth day after, the pleura again rapidly filled. Thoracentesis was again had recourse to, but it did not save her, while the very small amount of healthy lung afterwards found showed that there had been an error in judgment in doing ovariotomy at all.

In Case 52 the excessive chloroform vomiting during the operation, and for some time after it, so prostrated the patient that her chance of recovery was lost. In the early cases I have frequently had to deplore the injurious effects of chloroform vomiting in ovariotomy, and so evident was the mischief occasioned by it in this unfortunate case that I have since then entirely abandoned the use of this agent

in ovariotomy and other severe and tedious operations, and now use instead anhydrous sulphuric ether, made from methylated alcohol, administered through Dr. Richardson's apparatus. The oftener it has been given the more I like it. How chloroform so quickly superseded it is a marvel. The anæsthesia of ether, though at first slower, is extremely steady and quiet. There is infinitely less vomiting than with chloroform, and instead of the pallid face and feeble pulse of chloroform, the patient, after a long operation, is put to bed with a flushed face and a great surface-circulation. In cases of non-adherent tumour vomiting is, I fancy, of little consequence; but when there has been extensive adhesion, and when oozing may be set up by it after the wound is closed, vomiting can be no trifle, and will turn the scale. Sulphuric ether has now been used—at first with a small proportion of chloroform—in 53 cases of ovariotomy (of which 46 recovered), and I think that something has been gained from the use of it. I would put in a word for the old anæsthetic. Chloroform certainly saves the surgeon five or ten minutes of time, and a little trouble. Had it never been heard of, I doubt if humanity would have suffered from the want of it.

When practicable, the extra-peritoneal method of treating the pedicle has been adhered to. On the whole, greater success will probably follow this than any other single method, especially when we have to do with a bad general condition. Thus in 40 clamp cases (from the 45th to the 85th) there were 3 deaths; and in neither of them had this way of treating the pedicle anything to do with the result. Ligatures on the pedicle have also once or twice been cut short, and returned; sometimes they have been left hanging out at the wound; and of late the cautery has been several times used with excellent results. Each method has advantages in certain cases.

Of the whole number of operations, 70 were treated in the same room. Of these, 60 recovered. Nearly all the worst operations were performed there. The greater number of those who died were poor, worn-out women, who came late in the disease. The mortality would probably have been much lower if there had been earlier operation in many of them; not that small tumours giving little trouble should be removed, for, on the whole, cases do best where the tumours are large and the general health somewhat impaired. There is, however, a stage in the progress of almost every case of ovarian disease in which operation is safe; and if this favourable time be allowed to pass, no care or skill can make up for it.

No case was operated on in hospital, for I hold no hospital appointment; yet, with the exceptions already given, I have not in any case declined my assistance. The results are, therefore, fair results.

Edinburgh, July, 1870.

PERFORATIONS OF THE MEMBRANA TYMPANI.

BY W. B. DALBY, M.B. CANTAB.

(*Continued from p. 581, col. i, 1870.*)

STILL continuing the subject of one result in perforations of the membrane arising from tympanic disease—namely, the impairment of hearing.—I find, from my notes of 29 cases of this kind, taken without reference to any particular points of interest, but in the order as they came under my notice, that of 17 in which the perforation was small or of moderate size, in 12 the hearing was improved, with or without the artificial membrane, as the tympana became in a more healthy condition, and in 5 there was no improvement; of 12 in which the membrane was nearly gone, in 10 the hearing was improved under similar circumstances, in 2 not at all.

The size of a perforation is of itself no guide to a prognosis, increase in hearing power depending on entirely different causes. One of large or moderate size is more amenable to treatment than a very small one; and this is what might be expected when it is considered how much more easy in the former cases it is to clear out the tympana and Eustachian tubes, thus allowing the solutions to be in free contact with the whole extent of lining membrane. Just as the symptom of deafness was shown to be due not so much to the perforation as to the disease of which it was an effect, so the degree of hearing bears no relation to the amount of tissue lost. Drs. von Tröltsch and Politzer agree in this point; but the latter is also of opinion that "the patients hear better as a rule when the perforations are of medium size than when they are very small, because in the former case the sonorous waves, avoiding the membrana tympani, malleus, and incus, pass through the perforation directly upon the base of the stapes, and may thus reach the labyrinth to quite an extent."

A girl, seventeen years of age, whom I am now treating for catarrh of the left tympanum, has a very large perforation of the right membrane, through which she can blow freely. From her history, this must have existed for three or four years. There is no account of a discharge, which, however, no doubt, existed at some time, and was overlooked. The tympanic disease which caused the perforation must have been extremely slight; for the hearing on this side, although impaired, is so good that she considers it to be perfect with that ear.

When the artificial membrane fails or cannot be worn without producing irritation, which sometimes happens, the plug of cotton-wool, as commonly used in place of it, gives excellent results. The principle of its action is, of course, the same; still, notwithstanding this, it by no means follows in practice that, when one succeeds, the other will be equally successful, and for this reason both should always be tried.

A young lady had become a little deaf at five years of age. She recovered for a time under Mr. Toynbee's care; but was deaf at intervals up to five years ago, when discharge from the right ear began. When I saw her last year, the membrane was nearly all destroyed on that side, and she could blow freely through that ear. A watch was heard at two feet from that ear, but conversation very imperfectly. A weak solution of alum and sulphate of zinc was syringed from the meatus through the Eustachian tube twice a week for three weeks. At the end of that time the discharge had ceased, and the hearing had considerably improved. Still she was very deaf. The artificial membrane had no effect; but with the cotton-wool, which she easily adjusts, she can hear very well indeed with that ear. The ulceration of the membrane took place without doubt during catarrh of the tympanum, of which there was all the appearance on the left side. This membrane had not given way, and she was more deaf on that side than the right. In this respect the following is a very similar case, inasmuch as the origin appears to have been the same. Here the left membrane was entire, and the worst ear. It also illustrates the fact that a perforation is not necessarily an unfavourable termination to unchecked catarrh of the tympanum.

Miss L. C——, aged twelve. Deaf with both ears, and discharge from right since three years of age. Not coming on during or after illness. A large circular perforation, with red clean edge, about the centre of the right membrane. Watch heard at four inches from ear; conversation very badly. Long-standing tympanic disease of left side, but no perforation. Both Eustachian tubes, as in former case, pervious. Air entered the left tympanum quite freely, but gave no improvement. After three weeks' treatment, the discharge from the right ear had ceased, and the watch was heard at eighteen inches, but the voice not perceptibly better. Although the condition of the tympanum was more healthy, the hearing was no better, either with the cotton-wool or the artificial membrane of the ordinary kind; yet, to all appearance, it was just a case to be benefited by one or the other. There was an entire absence of any nervous affection. The tuning-fork could be heard perfectly on the head, the sound being intensified when the meatus of both sides were closed. Fatigue or excitement did not affect the hearing. I finally tried an artificial membrane, consisting of a small bulb of india-rubber, which not only closed the opening in the membrane, but projected into the tympanum; and by wearing this she could hear a conversation very well.

This is interesting so far as it tends to favour the explanations which have been given of the mode of action of the artificial membrane and the cotton wool—namely, that the effect is produced by approximating the articulations of the ossicles, or supplying their place when these bones are

partially wanting. So that where one form does not exercise the requisite pressure another should be tried.

Distinct and unmistakable nervous disease may arise in a patient who is the subject of perforate membranes, and with such the diagnosis will be easily made; but when the symptoms of what is spoken of as nervous deafness, which would be quite evident in the absence of perforation, are of such a character as to be masked, as it were, by symptoms which are equally present with tympanic disease and disease of the labyrinth, it then requires some additional fact to demonstrate the complicated nature of the affection. By way of illustration, I saw in June last a patient, aged forty-nine, with perforation of both membranes, coming on after scarlet fever at seven years of age. He had had a trifling amount of deafness, which had not given him much inconvenience till six weeks previously. From that time he had been getting gradually more deaf. He was very deaf when I saw him; incessant tinnitus in both ears; the tuning-fork not heard at all through the cranial bones; and occasional attacks of giddiness. Such a case is plain, and no treatment will be necessary. On the other hand, however, the diagnosis at times is somewhat difficult.

Mr. C——, aged thirty-five, under my care last April, had small-pox at three years of age, followed by discharge from both ears, which had continued more or less ever since. The tympanic membrane on the right side was nearly all gone. There was a large kidney-shaped perforation on the left side. He could blow freely through both ears. The watch was heard at eight inches with the right, and four inches with the left, ear; conversation very badly. The discharge was slight; and, after three weeks, had entirely ceased. The hearing was no better. Neither the artificial membrane nor cotton-wool gave any improvement; and yet this case appeared at first sight to differ in no respect from many others in which relief is obtained in this way. The tuning-fork was heard perfectly well on the head. No tinnitus or other ordinary unfavourable symptom. It was a suspicious fact that, although the tuning-fork was heard so well through the cranial bones, the sound was not intensified on closure of the meatus. He was quite satisfied on the point after repeated trials both by himself and by me. Still this alone could not be regarded as a sufficient indication of a nervous lesion. There was however this circumstance, which, when taken in conjunction with the previous symptom, was, I think, conclusive—viz., that although the tympana and Eustachian tubes, as far as one could judge, had been in about the same condition for several years past, the hearing had been getting gradually but decidedly worse during the last two years. Without this feature in the case, it would be very difficult to explain why he was not benefited by treatment which might reasonably have been expected to improve the hearing, if the conducting apparatus had alone been at fault.

When the disease appears to be tympanic, but when after treatment the condition of the lining membrane of the tympanum and Eustachian tube has become satisfactory, without a corresponding change in the hearing, and when the artificial membrane or cotton-wool has no effect, I cannot but think that, if the history and symptoms be carefully investigated, there will generally be found a sufficient explanation in the coexistence of a nervous affection with the perforation and tympanic disease; and, in concluding this part of the subject, I would urge the importance of recognising this condition, as it is only by so doing that those cases which admit of treatment, and those which do not, can be properly separated.

Up to this point the cases under notice have been those in which the Eustachian tube has been not only pervious, but where any obstruction existed it was to so slight an extent that it was without difficulty overcome by using Politzer's inflation. Such is by no means always the case. Occasionally, although some air may pass through the tympanum by this plan, the tube is not sufficiently free to admit the passage of fluids from the meatus. So long, however, as air will pass at all, this condition will be relieved by inflation with the Eustachian catheter, and by injecting occasionally through it a little warm solution of soda into the tympanum. After this has been practised for some little time, the other plan of injection from the meatus will be found to be quite practicable, and until this can be done (in the manner explained in my previous paper), a successful result is, I believe, extremely improbable. The not very frequent, though serious, complication in tympanic disease which has resulted in perforation of the membrane—viz., complete occlusion of the Eustachian tube—I must leave for consideration with some other effects of this condition.

Sackville-street, August, 1870.

FATAL CASE OF RUPTURE OF BLADDER, IN WHICH THE APERTURE HAD BEEN CLOSED BY OMENTUM AND BOWEL.

BY THOMAS D. JONES, M.R.C.S.E., L.S.A.

THE following case, one of traumatic rupture of the bladder, is, I think, somewhat worthy of note from its possessing several peculiarities, one of which, indeed, is probably extremely rare. In ordinary rupture of the bladder involving the peritoneum, one would anticipate extravasation and acute peritonitis. In this case there was scarcely any, the aperture in the bladder having been completely sealed up by omentum and the sigmoid flexure.

F. B——, aged fifty-five, was, on June 6th, riding a horse, which reared, lost its balance, and fell backwards, the rider clinging to the saddle, and receiving the entire weight of the horse, the pummel of the saddle striking him on and above the pubes. He lay prostrate, and was momentarily stunned. On seeing him, immediately after the accident, I found him in a state of great collapse, on recovering from which he complained of intense pain in the region of the bladder. Suspecting rupture of that viscus, and as he had been taking a large quantity of fluid, I introduced a catheter, and drew off about three ounces of bloody urine; gave forty minims of tincture of opium. When removed to bed he was seen by Mr. Willett and myself. Complained of great pain in the hypogastric region, more especially on the left side, which he described as travelling upwards. To have hot fomentations constantly to abdomen, and half-drachm doses of tincture of opium every two hours.

Five hours afterwards.—Has slept nearly the whole time since last seen. Skin warm; pulse 80; respiration natural. Drew off about two drachms of dark-brown urine.

June 7th.—10 A.M.: Has slept well. Has taken scarcely anything through the night. Pulse 72, soft and regular; respiration normal. Abdomen slightly tympanitic, but quite tolerant of pressure; no sign of bruising. Drew off five ounces of urine without blood. — 2 P.M.: Not so well; collapse. Pulse 120. Cold sweats; dusky countenance, and anxious aspect.—5 P.M.: Mr. Quain joined in consultation. To continue opium, beef-tea, and half an ounce of brandy every two hours. Stimulating fomentations.—9.30: Pulse 98; feels better. Tympanites increased; no sickness, and no passage of flatus.

8th.—Has had a very restless night. Tympanites very much increased. Belly very tense. At 1 P.M. was sick for the first time; brought up a small quantity of mucus and altered blood. Slight collapse.—9 P.M.: Collapse increasing; no pain; sinking fast. Died at 12.40 A.M.

The autopsy was made fifteen hours after death, in the presence of Mr. Willett. No external marks, no ecchymosis. Abdomen very much distended. The peritoneal cavity contained ten ounces of serous fluid. No signs of active inflammation. Omentum large and fat, natural in appearance, just glued to the intestines; but the lowest portion, to the extent of two fingers' breadth, congested, blood-stained, and thickened, as if it had been subjected to strangulation. The intestines were examined throughout, and found entire; distended and dark-coloured. Stomach contained about four ounces of grumous fluid; very much congested and injected. Duodenum injected, and filled with grumous blood. Small intestines for nearly the whole extent with the same appearance. Descending colon collapsed. The sigmoid flexure lay over the bladder. On pulling away the bowel from the bladder, a rupture was seen about the size of a five-shilling piece; the margin of the rent was coated with lymph, and had evidently been blocked up by the altered piece of omentum and sigmoid flexure of large intestine.

On reviewing the case, I may state that the opinion formed at first was, that rupture of the bladder had oc-

curred. This opinion we were inclined to modify on the following day on these grounds—rapid recovery from collapse and normal urine. Subsequently the symptoms pointed more to a rupture of intestine. The post-mortem examination verified our first opinion; and one may now account for the absence of the ordinary symptoms of rupture of the bladder on the ground that the laceration had been sealed immediately by the omentum, which had slipped into it.

York-place, Islington-green, N., July 27th, 1870.

CASE OF SEVERE DISLOCATION OF BOTH TIBIA AND PATELLA OUTWARDS.

By RICHARD NEALE, M.D. LOND., &c.

ON May 11th, 1870, at 9 P.M., I was called to Mr. H—— (height, 5 ft. 10¾ in.; weight, 14½ st.), who had met with a severe accident. The following written statement was handed to me at the bedside:—"Mr. H—— was brought in here to-night about 6.30, with a severe dislocation of the left tibia outwards, and also of the patella outwards. I have temporarily applied a slight splint, as the dislocation is *very* easily reproduced.—W. B. Whitmore, King's College Hospital, May 11th, 1870."

On examination, the limb was found tolerably comfortable, and not much swollen. The patient had borne the journey home very fairly, was cheerful, and exceedingly hopeful as to the result. The bandages were not disturbed; and although the temporary splint was not padded, it gave no pain, and therefore the limb was carefully adjusted on pillows, and he passed a very good night.

On the third day the leg was slung in an ordinary fracture cradle, to the very great comfort of the patient.

On the sixth day the bandages were slightly loosened, but neither they nor the splint were changed; and so matters rested till May 24th, up to which date the patient scarcely felt an ache or a pain, except being occasionally, for the first few nights, awakened by sudden startings in the limb.

May 24th.—Mr. Spencer Wells saw the case previous to adjusting a plaster bandage. On removing the splint and bandages applied on the 11th, a very slight excoriation was found at one spot, due to pressure of edge of splint. The knee-joint was in perfect position, and but slightly swollen; gentle motion gave no pain, but naturally the experiment was not carried very far. A plaster-of-Paris bandage was applied, and this was replaced at the end of a week or ten days, after which the patient moved about on crutches.

June 17th.—An elastic laced knee-cap, made by Maddox, was this day applied, since which time up to the present moment there has been daily progress, the patient frequently going into town, and as early as July 22nd could bend the the knee nearly at right angles without the slightest feeling of discomfort.

July 28th.—Mr. H—— called at King's College Hospital to report himself, and to thank Mr. Whitmore for his care on the evening of May 11th. Sir W. Fergusson was present at the interview, and both were surprised at the state of the limb, more especially as Mr. Whitmore says, in a private letter to myself, that the words "*very* easily reproduced scarcely convey the full extent of the mobility of the joint; and the impression made upon my mind by the accident was so strong that I used all my endeavours to persuade the patient to remain in the hospital, apprehending serious consequences from inflammation after the severe injury."

Sir Wm. Fergusson at the same time told Mr. H—— that he might consider himself a very lucky fellow, for it was a wonderful recovery after so severe and unusual an accident, it being the most severe case of dislocation the house-surgeon had seen, and that it was quite a chance the leg had not been sacrificed altogether.

As far as Mr. H—— can recollect, the accident occurred as follows:—"I was hurrying down Holborn, the rain falling fast, which it had done all day, when my foot slipped, and I made a desperate plunge with the other to save myself, and fell to the ground. I did not know I had severely injured myself, and made several attempts to get up, but of course failed to do so, and discovered what I thought to be a broken leg, but had no knowledge of great pain. I called a cab, and desired to be taken to the nearest hospital; but from this point until I found myself in bed at the hospital I have no distinct idea. I have suffered very little pain throughout; the swing cradle has been my greatest comfort, and I am to-day (August 4th) very well, using an ordinary walking-stick, and walking two or three miles with comfort."

This case is recorded, not on account of any special treatment, but as an instance of the great restorative powers of nature where at one time there appeared great danger that the limb would be sacrificed, or at least permanently stiff. The great patience and good constitution of the patient contributed not a little to the successful issue.

Boundary-road, St. John's-wood, August, 1870.

A Mirror

OF THE PRACTICE OF

MEDICINE AND SURGERY

IN THE

HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. IV. Prooemium.

UNIVERSITY COLLEGE HOSPITAL.

CASE OF POPLITEAL ANEURISM WHICH RESISTED FOR THREE MONTHS COMPRESSION BY INSTRUMENT, WEIGHT, FINGER, AND FLEXION; LIGATURE OF SUPERFICIAL FEMORAL; RECURRENT PULSATION; CURE.

(Under the care of Mr. ERICHSEN.)

THE following interesting case of popliteal aneurism resisting every method of treatment by compression was admitted April 4th.

J. S——, aged thirty, was a sailor for ten years, but during the last six years has been a cab-driver. Has been a remarkably healthy man; never had any serious illness. Had a sore on his penis about eight years ago, which rapidly healed; no eruption appeared on his body. Has been liable to sore-throat since. There is multiple enlargement of the glands in both groins. His wife has had three miscarriages; has two children living, both healthy. His father died suddenly of heart disease; brothers and sisters died young.

Two months ago he felt a continual gnawing pain in the right ham, increased during cold weather. A month after this, feeling something strange in the bend of the knee, he measured the limbs, and found the right measured three quarters of an inch more than the left. The pain was greatly diminished by warm weather, and on raising the limb.

Present state.—There is a popliteal aneurism, about the size of a small orange, in the middle of the right ham; a distinct bruit is heard over it, and the pulsation ceases on compressing the artery above. Mr. Erichsen ordered Carte's tourniquet to be applied to the external iliac and femoral, pressure to be kept up by these alternately, the limb to be bandaged and kept slightly raised, and the patient to be put upon the following diet:—Meat, three ounces morning and night; bread, four ounces; milk, a pint; watercresses and ice.

Compression was commenced on April 5th. As the patient did not bear the pressure well, forty grains of chloral were given at 9 P.M., and repeated at midnight. This did not have much effect, and compression was continued during the night with difficulty, owing to the restlessness of the patient. The same doses of chloral were given the following night, the patient sleeping well, and the artery being well compressed, so as to control all pulsation in the aneurism.

April 7th.—The patient continued to be restless, was very nervous, and difficult to manage. The compressors were, therefore, removed, and *digital compression* most carefully and assiduously kept up by relays of dressers for twelve hours. The tourniquets were then readjusted, and, under the influence of chloral, pressure was steadily

maintained through the night. In the morning of the 8th the compressors were loosened. There was no diminution of pulsation in the tumour; but the walls felt more consolidated, and its size was certainly diminished.

8th.—The compressors were again applied at 9 A.M., the patient shifting the pressure himself. A hypodermic injection of morphia, a quarter of a grain, was given at 9 P.M., and the patient passed a comfortable night. The patient, who greatly dreaded an operation, had now become more tractable. He learnt how to adjust the pressure himself, and managed the compressors very judiciously.

9th.—For the next six days compression was steadily maintained, and the case was watched day and night by dressers.

On the 13th Mr. Erichsen noticed a decided diminution in the size of the tumour, but not much difference in the pulsation. As the ordinary Carte's compressor did not appear to work very satisfactorily, and as some chafing of the skin of the inside of the thigh had occurred, Mr. Erichsen determined to use a weight compressor, which was kindly lent to him by Dr. Patrick Heron Watson, of Edinburgh, and which had been used successfully by that gentleman. Accordingly, on the 16th, Dr. Watson's apparatus, consisting of a twelve-pound weight, fitted into a Carte's tourniquet, the arch of which was heightened, and the elastic bands removed, was applied to the common femoral, and a Carte's compressor lower down on the superficial femoral. Compression was kept up by these means, occasionally varied by a Carte's tourniquet on the external iliac, till May 16th, the patient bearing the pressure well. But though pulsation in the tumour could be controlled for any length of time by these means, consolidation of the tumour had not been effected. Its size was, however, smaller. Mr. Erichsen then determined to use forcible flexion, in addition to the other means. The leg was accordingly well bent on the thigh, and retained by a tape passing from the thigh to the back of a sock. The patient, who was rather weak, was put on a course of perchloride of iron.

These means seemed to diminish the size of the tumour somewhat, but as soon as compression was removed the pulsation continued as strong as before. At this time it was observed that, however accurately the compression was applied to the common femoral artery, and however completely the pulsation in the tumour was controlled, yet, in a few minutes, a faint impulse could be detected in it, and this could not be permanently stopped by any pressure the patient could bear.

June 2nd.—Up to this time the patient, who had been constantly watched by dressers, had borne the compression and flexion remarkably well. But no great change was perceptible in the tumour, or in the force of the pulsation, which was strong laterally, though perhaps not quite so perceptible posteriorly.

It was now determined to try what complete compression, kept up for many hours under chloroform, would do. Accordingly, at 8 A.M., the patient was put under chloroform; the compressor was screwed down tightly on the artery at the groin, and compression was kept up without interruption, under chloroform, for twelve hours. At the expiration of this time, when the compression was loosened, no material change was found to have taken place in the tumour.

Compression and flexion were maintained by Carte's compressor till June 20th, when, having clearly failed to procure any very sensible effect on the aneurism, it was abandoned, and the thigh left untouched to get it into a good condition for the ligature of the femoral, as the tissues had become greatly œdematous and congested where the pressure had been applied for so long a time.

29th.—The superficial femoral was ligatured in the usual way by Mr. Erichsen. There was some little difficulty in the operation, owing to the congested and infiltrated condition of the thigh, and to a remarkably thick layer of subcutaneous fat, which caused the artery to be placed much deeper than usual, and to be overlaid and surrounded by tissues that had become œdematous and vascularised from pressure. On the ligature of the artery, pulsation in the tumour entirely ceased. On examining the patient in the ward, however, half an hour afterwards, *there was slight but distinct pulsation* to be felt in it. The temperature of the limb was normal. This pulsation, which consisted of a slight undulatory wave, rather than a distinct impulse, continued for several days, and then gradually diminished, but never entirely disappeared. The ligature came away on the fifteenth day, and the wound healed kindly and well. A pad and elastic bandage was applied over the tumour, but there is still a slight wave or thrill perceptible in it.

In the clinical remarks which Mr. Erichsen made from time to time on this very interesting case, he stated that, believing as he did that compression of the femoral was upon the whole the safest and best mode of treating popliteal aneurism, he had employed it in this case; and once having instituted this line of treatment, he did not like to abandon it without the fullest and most persevering trial—the more so as in the early part of the session he had had a case of aneurism of the popliteal artery in which compression had failed after a three-weeks' trial, and he had been obliged to ligature the femoral. These were the only two cases in which during the last twenty years he had failed to cure a popliteal aneurism by compression. The cause of failure was not clear in either case. But certainly it was not owing to any imperfection in the method of treatment, or want of care in its application. Pressure had been kept up for nearly three months (eighty-seven days) in the most complete and persevering manner. During a great part of this period the patient had been carefully watched, and he himself, being an intelligent man, had soon learnt the use of the compressor, and, being anxious to avoid the knife, had done his best to maintain it. Compression had been employed successively and contemporaneously by Carte's compressor, by the weight apparatus, by the finger, and by flexion—by all the methods, indeed, known to surgeons. It had been kept up under chloroform on one occasion for twelve hours. But all in vain. It was necessary at last to ligature the artery.

Now, as Mr. Erichsen remarked, the great evil of the failure of compression is this, that you have at last to ligature the artery in a part of the limb where the tissues have been condensed, infiltrated, and œdematised by long-continued pressure. The sheath of the vessel is thickened, and the artery is adherent to it. This was found in both the cases in which Mr. Erichsen ligatured the femoral after compression had failed, but especially in the last case. The results, also, as statistics have proved, are not so successful when the femoral is tied after compression has failed as when it is ligatured in the first instance. But there was a most remarkable circumstance in this case, which perhaps explains the failure of compression in it—viz., that after the ligature of the superficial femoral even, pulsation did not completely cease in the tumour, but continued faintly in it. It was also noticed that compression never permanently controlled the pulsation completely. It would appear as if there was so free an anastomosing circulation that blood was brought into the aneurism too readily, even after the ligature of the main trunk.

ST. MARY'S HOSPITAL.

A CASE OF HEAT-AFFECTION; CLINICAL REMARKS.

(Under the care of Dr. HANDFIELD JONES.)

J. D——, aged seven, a slightly made boy, was admitted June 22nd, at 11 P.M. His mother stated that he had been taken ill in the morning with vomiting and purging, which went on to a great extent all the day. He had been much exposed to the sun on the 21st, but did not appear to be unwell at bedtime. When admitted he was only semi-conscious, but he had rallied then a little from the state he had been in during the day. His head was hot, his pulse feeble and soft, the conjunctivæ congested, and his eyes moved from side to side.

23rd.—Has been sick many times this morning, and brought up coagulated milk. His hands and arms lie helplessly outside the bed. His face is flushed and hot; the tongue slightly coated; the bowels have not acted since his admission; pulse 102, weak; pupils large; temperature 98·6°; heart and lungs normal. There is now no paralysis of any of his limbs, but last night he seemed quite powerless. He has rallied since then a good deal, and has eaten some dinner to-day (boiled meat and broth). He was ordered six minims of dilute sulphuric acid in half an ounce of water four times a day, and went out quite well in a few days.

"Cases like this," Dr. Handfield Jones said, "are by no means uncommon, and they are therefore the better worth our study. I have termed the case one of heat-affection, as I entertain no doubt that prolonged exposure to excessive heat was the main cause of the disorder. It might have been called heat-stroke, but that the symptoms were more abdominal than cerebral, and this name is reserved for cases where the latter especially predominate. The view I take of all cases of heat-affection is that the excessive temperature causes functional paralysis of certain nervous centres. Very often the encephalic suffer especially; sometimes, however, the cardiac; sometimes, again, the solar plexus and its offshoots. In the case before us the latter succumbed to the enfeebling influence, the cerebral centres and the cardiac being also affected, but less severely. The result of vaso-motor paralysis is, as you know, to dilate arteries and impair the tone of capillaries; and so hyperæmia and serous effusion are produced. Very much the same changes ensue when the outer tegument is affected instead of the inner, though probably exudation occurs more readily in the case of the latter, on account of the delicacy of its epithelium and its greater vascularity. The prevalence of diarrhœa in summer and in hot climates, taken in connexion with the notoriously enfeebling influence of heat, affords considerable proof that the pathology of the disorder, as I have just stated it, is substantially correct. Of course it is very possible that gastro-intestinal derangement may be brought on by unwholesome ingesta, but these are probably taken as much in one season as another, and cannot be counted as the efficient cause in the great majority of cases. Recognising nerve-exhaustion as the chief cause of heat-diarrhœa, you will of course insist on repose and administer restoratives. Sulphuric or nitric acid, with sulphuric or chloric ether and a little opium, form very good combinations, which quiet the morbid action in many cases speedily. In the severer cases, however, attended with much vomiting, a sedative dose of calomel and opium is requisite, and may be aided by ice lumps. Such disorder is often attended with pain and cramps, and then constitutes a form of cholera, of which I may have to speak another day."

MIDDLESEX HOSPITAL.

CASES OF INJURY TO THE HEAD.

(Under the care of Mr. HULKE.)

For the notes of the following four cases of injury to the head we are indebted to Mr. Woodhouse, Mr. Hulke's dresser.

1. *Case of penetrating Wound of the Brain, with lodgment of a Foreign Body.*—A girl, aged six years, was admitted on the 10th of May, 1870, at 6 P.M. She had shortly before fallen, having in her hand a piece of slate pencil, which ran into her face at the inner corner of her left eye. The pencil had snapped across nearly at the surface of the bone. Enough of it did not project sufficiently to allow it to be fairly grasped, and the house-surgeon did not succeed in his efforts to draw it out. There were not any symptoms indicating an injury of the brain; and it was therefore hoped that the pencil had not penetrated the cavity of the skull, but had passed below this inwards into the nose, and new bleeding from the nose next morning gave strength to this supposition. So small a piece of its end was visible above the surface of the bone that it did not afford any guide to the direction of the pencil. On the day after the accident, at 3 P.M., Mr. Hulke saw the child, and endeavoured to remove the pencil. The surrounding bone was first cautiously cut away, as the pencil was tightly jammed, and several splinters of it were extracted, but the whole could not be got out. It seemed, indeed, that the pencil had been shattered by the force of the blow. Some drops of a colourless limpid fluid rose up at the bottom of the wound, making it probable that the arachnoid cavity had been opened. By the following noon there was much febrile disturbance, the pulse then numbering 108, and the temperature being 101·8°. There was retching, with convulsions and drowsiness.

May 13th.—Pulse 114; temperature 102·2°. The wound suppurated.

On the eleventh day a splinter of the pencil was discharged. On the fourteenth day the child's condition appeared hopeful; the pulse had fallen from 150 to 72, and the temperature had declined to 97·5° in the armpit. The face was no longer flushed. The child was quite conscious, and her appetite was improving. On the evening of the sixteenth day she became very restless and flushed. The pulse rose to 120, the breathing to 74, and the temperature to 105°. In the course of the night she retched frequently, and was often convulsed. The wound looked healthy, and discharged freely. This state continued for twenty-four hours, when she died.

At the post-mortem examination the pencil was found to have traversed the orbital plate of the frontal bone, and to have penetrated the anterior lobe of the brain to the depth of an inch, lying here in the midst of a large abscess, the walls of which had a smooth red appearance like that of mucous membrane. The abscess had slightly eroded the front of the corpus striatum, and burst into the anterior horn of the lateral ventricle, from which the pus had spread through the rest of this cavity. Its ependyma and the choroid plexus were very congested. The left lateral ventricle bore traces of less severe inflammation. The pia mater at the base of the brain in the interpeduncular space was congested and smeared with puriform exudation.

It is interesting to note, in this case, (1) the remarkable absence, for several hours after the injury, of brain symptoms; and (2) the sudden elevation of temperature, which doubtless marked the bursting of the abscess into the ventricle.

In the next case also the early symptoms did not indicate such a severe amount of brain-lesion as was found on post-mortem examination.

2. *Fracture of Forehead; great Laceration of Brain; Death.*—A boy, aged nine, was admitted on June 1st, at 11.30 A.M., having shortly before fallen from a first-floor window, striking his forehead. He was cold, but conscious, putting out his tongue when told to do so, and at first answering rightly. His forehead was swollen and ecchymosed, as well also as the left eyelid, so that his eye could not be uncovered. The pupil of the right eye was active. His nose was bleeding. At 2 P.M. reaction was well established. His skin was hot and dry to the touch. Pulse 84; temperature 98·8° in the axilla. He soon after ceased to answer when addressed. At 5 P.M. he was much convulsed, and he died at 11.30 P.M., about twelve hours after the accident.

On post-mortem examination there was found a starred, slightly depressed fracture of the frontal bone, extending from the margin of the orbit upwards towards the vertex, on the left side of the nasal process, and descending backwards across the orbital plate of this bone, the orbito-sphenoid, and alisphenoid, to the foramen lacerum medius basis cranii. The corresponding part of the anterior lobe of the brain was bruised to a pulp, the laceration just reaching into the front of the corpus striatum. There was much blood effused here, between the dura mater and the skull, and also in the pia mater under the arachnoid. Many small extravasations were scattered over the base of the brain, and there was a larger one on the right side and under surface of the medulla oblongata. The periorbita was untorn, but there was extravasated blood in the cellular tissue at the inner side of the orbit underlying the fracture. The belly presented marks of a former peritonitis; the omentum adhered throughout to the abdominal walls and the liver to the diaphragm, while the intestines were inseparably matted together. The mesenteric glands were slightly large, but their tissue was not obviously diseased.

In the following case recovery took place, so that there was no opportunity of confirming the diagnosis. It appears to have been an example of fracture of the temple and base of the skull. There was hæmorrhage from the ear, deafness, and paralysis of the facial nerve, as well as subconjunctival hæmorrhage.

3. *Case of Fracture of the Temple and Base of the Skull; Recovery.*—A railway labourer, aged twenty-six, engaged in repairing the line on the 25th June, 1870, was struck, while stooping, by the buffer of a locomotive engine on the right cheek and temple, which knocked him down and rendered him insensible. When admitted into the hospital shortly after, he was conscious, cold, and shivering, and was sick several times. There were several superficial grazes on the right temple, forehead, and side of nose. A linear irregularity of the surface of the skull, as if a fissure, was felt over the right temple. There was also epistaxis, and bleeding from the right ear. He had much pain in the grazed parts. On

the following day the conjunctiva of the right eyeball became ecchymosed. On the fourth day after the accident the headache was very intense. His face was flushed, and the tongue dry. The thermometer in the armpit stood at 102·5°; his pulse was 100. On the fifth day the temperature had fallen to 99° and the pulse to 60. From this time, with occasional intercurrent increase of feverish symptoms, his condition mended. The pulse never rose above 80, for many days it was 60, and on some it fell as low as 54. The temperature in the axilla ranged between 99° and 98°, reaching in one day 99·8°. At the end of July he was convalescent. The paralysis of the right side of the face remained, but was improving. The ear also remained deaf. He was treated by cutting off the hair of the right side of the head and continuously applying ice, by purging freely, and confining him for some time to a very spare diet.

The last case is one of abscess of the internal ear, following head injury.

4. *Blow on Head; Hæmorrhage from Ear followed by Suppuration; Recovery, with Deafness.*—A girl, aged fifteen, was admitted with great pain in the right ear and side of the head, accompanied with fever. Nearly a fortnight before this she had fallen down twelve stone steps, and struck the side of her head, which rendered her insensible, and was followed by bleeding from this ear. She was freely purged, and an ice-bag placed on the right side of the head. On the following day pus flowed freely from the ear. This was followed by cessation of the pain, and speedy convalescence, the ear remaining deaf.

[In our report from this hospital last week, it was stated that Mr. Hulke, having given the system of carbolic-acid dressing a long and varied trial, considered it to be a good one for the wound produced by paracentesis abdominis. We should have said that Mr. Hulke has a high opinion of this dressing for wounds generally; his treatment of the wound of paracentesis was indicated in the paragraph which followed.]

Provincial Hospital Reports.

SHEFFIELD GENERAL INFIRMARY.

A CASE OF CANCER OF THE BRONCHIAL GLANDS.

(Under the care of Dr. W. FRANK-SMITH.)

THE following is an abstract of a case which deserves record from its rarity.

A table-knife cutter, aged eighteen, was in good health till a year and a half previous to his admission, for the last six months of which he had been unable to work, though not confined to bed. His chest symptoms had been severe and increasing dyspnœa with frequent paroxysms of threatened suffocation.

On admission, the whole right side of the chest was dull when percussed, and silent to auscultation; on the left side were bronchial respiration and râles, with occasional rhonchi. The heart sounds were normal in character and in position. Pulse 100, very small. Digestive system normal, but eating dreaded from fear of suffocation. Nervous system and genito-urinary system normal.

Before admission he complained of pain in the right side. In the right posterior triangle of neck was an enlarged gland, said to be less in size than it had been a few weeks previously.

When stripped the body was found much emaciated, and in striking contrast with the face and neck, which were puffed up, the eyes being nearly closed by œdema. The arms were not œdematous; the legs were attenuated. On the right side of the trunk the superficial epigastric and mammary veins were distended to the size of a large earthworm, varicose, and anastomosing by many smaller varicose trunks. The flow of blood was distinctly downwards. Over Poupart's ligament the trunk of the veins was very large. On the left side the venous trunks were not nearly so much developed. The right pupil was larger than the left; the right side of the face larger than the left. The temporal and supra-orbital veins were enlarged, pulsating, and varicose. In the neck the right external jugular, with its branches, was distended, prominent, and varicose, and communicated with the superficial thoracic vein by a large tortuous branch over the clavicle. The superficial veins over the scapular and dorsal surfaces of the neck and thorax on the right side were also enlarged, but in a less degree. The dyspnœa increased, and the patient died in great suffering about a fortnight after his admission.

On post-mortem examination, the glands surrounding the left bronchus were found to be fused into a dense cancerous mass. From this, after the manner of branches from the trunk of a tree, the growth radiated throughout the whole of the right lung. In the apex, and anterior inferior lobes, there were several large cavities filled with green pus. The chain of cancerous glands ascended along the great vessel on the right side as far as the neck, especially narrowing the calibre of the right innominate vein. The left lung was congested, but absolutely free from cancer. There was a small superficial patch on the anterior surface of the liver. The other organs were normal. On microscopic examination the growth in the lung exhibited nothing but free nuclei. That in the liver, on the contrary, showed large mother cells, caudate cells, and circular cells with large nuclei.

Reviews and Notices of Books.

A Practical Treatise on the Diseases of Infancy and Childhood. By THOMAS HAWKES TANNER, M.D., F.L.S., &c. Second Edition. Revised and Enlarged by ALFRED MEADOWS, M.D. Lond., Physician to the Hospital for Women, &c. 8vo, pp. 472. London: Renshaw.

WE have carefully perused the second edition of Dr. Tanner's work, and having done so we first arrive at the conclusion that the author has been singularly fortunate in having secured the aid of Dr. Meadows to assist him in its production. We do not say this as a mere expression of compliment, but from a sense of justice to Dr. Meadows, since only they who have attempted a similar task can be aware of the great amount of labour that it involves—labour of a far more tedious and arduous description than would at first sight appear.

Our review of the former edition was laudatory, and our meed of praise is still more deserved upon the present occasion. The work has been considerably enlarged, and its general plan entirely changed; and by this a great improvement has been effected, the act of reference especially being much facilitated. Dr. Meadows says in the Preface: "Perhaps I may be permitted to direct special attention to the views I have advocated in regard to diathesis, and its importance in the therapeutics of infancy and childhood." And at page 71—

"In treating the diseases of adult life, our chief anxiety is to get the patient well, and our best chance of doing so is by following as closely as possible the path which nature points out as the one she intends to take; but in early life there is, or ought to be, a wholesome dread of something else; and herein lies the great difference between the therapeutics of early and adult life.

"A large proportion of the deaths which occur in early life, especially in acute diseases, is due mainly to some diathetic influence. There are, no doubt, cases in which acute inflammation of some vital part speedily cuts short life in those previously healthy; but interference with the natural progress of the disease by constitutional peculiarity (i.e., diathesis) is one of the great causes of death in childhood."

We draw attention to these remarks from the conviction that in them lies the essence of the successful management of children's diseases; and, if constantly borne in mind by those called upon to treat children, they will materially and beneficially modify the rule of thumb plan into which we are all so apt to degenerate. The attention given by Dr. Meadows to the influence of diathesis has many forms of practical influence and outcome, of which not the least remarkable is afforded by his general observations upon the management of diet.

An extremely valuable portion of the book is the Appendix of Formulæ, a branch of the subject on which Dr. Meadows, by previous works, has shown himself particularly qualified to descant. Few things are more important than the possession of good working combinations of medicines; and on this account, as on most others, the book will not only be read with advantage, but will also be an invaluable work of frequent reference to the practitioner.

In employing Dr. Tilbury Fox and Mr. Brudenell Carter to write the chapters on Diseases of the Skin and Eye, the editor has wisely followed the example of many artists, who, feeling their own inability to produce perfection in their pictures, their *forte* lying in landscape or figures only, as the case may be, have availed themselves of the assistance of some brother in the craft to supply the one or the other, in which they do not themselves excel, to the manifest improvement of the general effect.

The Origin of Civilisation and the Primitive Condition of Man. By Sir JOHN LUBBOCK, Bart., M.P., F.R.S., author of "Prehistoric Times," &c.; Vice-president of the Ethnological Society, &c. London: Longmans. 1870.

THIS volume is founded on a course of Lectures delivered at the Royal Institution in the spring of 1868. It describes the social and mental condition of savages, their arts, systems of marriage and relationship, their religions, languages, moral character and laws. Many people will be ready to sum up their social habits and morals by the declaration that the former are beastly, and that of the latter they have none. The author alludes in an apologetic tone to the fact that he has to record many actions and ideas that are very abhorrent to us; but he has succeeded in his endeavour to avoid everything needlessly offensive, and, what is more, he has also succeeded in writing a highly interesting work. It would have been a labour of pleasure to us to dwell upon and discuss several topics in this volume which cannot fail to interest the physiologist and the psychologist; but we could not do this with any approach to justice to the author or ourselves in the limited space at our disposal. We commend the plate illustrating an Indian census roll to the Registrar-General or to Dr. William Farr as a new way of issuing their official estimates of the population. The chapters on Marriage and Relationship, and Religion, with the accounts of Fasting and Witchcraft, abound in curious information. A plate showing an Australian aboriginal marriage ceremony exhibits a kind of wedding which would appear rather startling to a West-end *belle*. It was more necessary to be strong-bodied than strong-minded in those days. In Australia, says Oldfield, when a man desires to pay marked attention to a lady, he seeks for an "unprotected female," and begins his courtship by stunning her with a blow from a dowak (to make her love him, possibly), and then drags her by the hair into the nearest thicket, to await her recovery before carrying her off.

OUR LIBRARY TABLE.

The Practitioner: A Monthly Journal of Therapeutics. August, 1870. Edited by FRANCIS E. ANSTIE, M.D. London: Macmillan & Co.—The current number is a good one. Among the original communications is a paper on the action of Hydrate of Chloral in Paralysis of the Insane and other forms of Insanity, by Dr. Wm. Macleod; another on the Treatment of Hæmoptysis, with reference especially to the employment of styptics, by Dr. Dyce Duckworth; and a paper by the Editor and Staff "On the Uses of Wines in Health and Disease," in which some practical rules are laid down for the guidance of practitioners as to the selection and use of wines in the treatment of some acute general diseases.

Class-book of Botany. Being an Introduction to the Study of the Vegetable Kingdom. By J. H. BALFOUR, A.M., M.D., F.R.S., Sec. R.S.E., F.L.S., &c. Third Edition. Edinburgh: Adam and Charles Black. 1870.—The voluminous and profusely illustrated work by Dr. Balfour is too well known to need many words of comment. In the present edition some corrections and additions have been made in the first part, dealing with the subject of Organography; and in the departments of Inflorescence and Carpology, in particular, some recent views have been introduced. A very critical reader may find a few points in which it is not quite abreast with the latest information; but the work is a widely known and deservedly a very popular text-book.

Handy-book of Cottage Hospitals. Illustrated with Plans and Woodcuts. By HORACE SWETE, M.D., Army Medical Superintendent of the West of England Convalescent Home at Weston-super-Mare, &c. London: Hamilton, Adams, and Co.—We are constantly receiving from correspondents communications requesting us to furnish information about cottage hospitals. To all such, and to many besides, this little work will really prove a "handy-book"; for the author has adverted to every subject connected with the cost, construction, and management of these useful institutions. He alludes to Mr. Napper, the pioneer of the system of cottage hospitals, in order to express his obligations to that gentleman. The book is to a great extent a compilation; but it is well got up and illustrated, and altogether very well done.

Madre Natura versus the Moloch of Fashion. A Social Essay by LUKE LIMNER, Esq. London: Bradbury, Evans, and Co. 1870.—This is agreeably written and amusingly illustrated, and some amount of common sense and erudition are brought to bear on the subjects discussed in it. If ladies in the matter of dress would follow Nature instead of Art, they would enjoy better health, and, what is apparently of more importance to some of them, they would possess more graceful figures. At the same time, we are bound to say that people are not so foolish as to lace themselves so tightly as they once did—indeed, the shorter waists worn in the present fashion render it a more difficult process. The following is a droll extract, probably familiar to some of our readers, from Lady M. Wortley Montagu's letters. At the baths at Adrianople a lady would fain have undressed Lady Mary for the bath. "I was at last forced to open my skirt and show them my stays, which satisfied them very well, for I saw they believed I was locked up in that machine, and that it was not in my own power to open it: which contrivance they attributed to my husband."

A Handbook of the Charities of London. By SAMPSON LOW, Jun. Edited and revised by CHAS. MACKESON. 1870.—This handbook comprises the objects, date, address, income and expenditure of above nine hundred charitable institutions and funds. It was chiefly from this wonderfully-compiled volume that the interesting epitome of London charities, published in *The Times* last year, was derived. We observe that some of the more doubtful charities withhold all information as to the number of patients and their funds. It is significant that amongst these is the British Hospital for Diseases of the Skin.

The American Journal of the Medical Sciences. No. 119. New Series: July, 1870. Philadelphia: Henry C. Lea. London: Trübner & Co.—This quarterly still continues to hold its place as one of the best of its kind. The present number has some excellent communications; among the rest one on Syphilisation, by Professor Bumstead, who, after numerous experiments, considers that inoculations with syphilitic matter have a decided effect in causing the disappearance of syphilitic manifestations, more especially

those upon the skin, and that the influence upon the general condition of the patient is most favourable. But he thinks it will be found very difficult to persuade patients to submit to the process. Those under his care, he states, kept their beds during the greater part of the three or four months that the inoculations were going on, although they had every inducement to be up and out; and it often required all his persuasive powers to lead them to consent to a continuance of the inoculations, so great was their discontent. They represented that the soreness of the ulcerations was so great that they could scarcely endure the contact of the bed-clothes, much less that of their daily dress; and the appearance of the sores corroborated their statements. Indeed several of his patients left the hospital without his permission. In short, Professor Bumstead feels obliged to subscribe to the opinion expressed by Messrs. Lane and Gascoyen, that "syphilisation is not a treatment which can be recommended for adoption." There are also papers by Drs. Morton and Harlan, on Orbital Aneurismal Disease; on the Coincidence of certain Nervous Symptoms with the presence of an Excess of Urea in the Urine, by Dr. Burrall; on the Influence of Section of the Cervical Pneumogastrics upon the action of Emetics and Cathartics, by Dr. Wood, jun.; on Vesico-vaginal Fistula, by Dr. Bozenave, of New York; and a case of Elephantiasis Arabum, in which amputation of the thigh was performed by Dr. Smith, jun., without success; besides several others, which, in combination with Transactions of Societies, Reviews, and a Quarterly Summary of the Improvements and Discoveries in the Medical Sciences, make this number an extremely interesting one.

The Monthly Microscopic Journal. Edited by HENRY LAWSON, M.D. August, 1870.—The principal paper in this number is one by Dr. H. D. Schmidt "On the Structure of the Liver," in which an account is given of the finest capillaries of the hepatic duct, that appears to agree in some particulars with that given by Irminger and Frey. Dr. Schmidt considers that the capillaries of the hepatic duct run amongst and between the capillary cells, forming what he terms biliary tubules. He is peculiar, however, in his views of the mode of origin of the deeper lymphatics, which he holds to arise from the same plexus of biliary tubules. It appears to us that this is scarcely likely to be sustained by further investigation. There is also an interesting paper by George Sigerson "On the Results of a Microscopic Examination of the Atmosphere, as found in the midst of Iron-factories, Printing-offices, Shirt-factories, and Dissecting-rooms," in all of which characteristic substances were discovered.

New Inventions

IN AID OF THE

PRACTICE OF MEDICINE AND SURGERY.

THE ECLECTIC INHALER:

AN IMPROVED INSTRUMENT FOR ADMINISTERING MEDICINAL VAPOURS BY INHALATION.

ONE hundred and thirty years ago, Mr. Mudge, a surgeon residing at Portsmouth, invented an instrument for the purpose of conveying the vapour of water into the air-passages as a remedy for catarrhal cough. During the greater part of this long period Mudge's inhaler has been in general use, and almost without a rival. The discovery of the anæsthetic properties of ether and other vapours excited attention to the matter, and a great number of modifications have been made in the original instrument, many having considerable merit; but, chiefly on account of the inventors not having clear, definite, and comprehensive aims, no perfect instrument was produced. The administration of vapours has two distinct purposes: first, as a local and topical application to the surface of the larynx and bronchiæ; or, secondly, to introduce remedial agents into the blood through the lungs. For the first purpose the vapour of water alone is generally considered to be efficacious in catarrhal or acute inflammation of the membrane; but in other morbid states it has been deemed desirable to add a variety of medicinal substances, water vapour being employed as their vehicle. Now it would appear to be of primary importance to know accurately the temperature of the vapour administered, so as to be able to regulate that temperature; and, when the proper degree is ascertained, to maintain it for a definite time. Without these precautions it is impossible to determine the value of any substance added to the water. In fact, medicines are often recommended for inhalation having no elements volatile at the temperature at which water vapour can be admitted into the air-passages; consequently the effects supposed to be produced by such substances must be solely due to the water employed as a vehicle.

It is because the "Eclectic Inhaler" of Dr. Morell Mackenzie meets the requirements of the case that we call the attention of our readers to it. It does not profess to be a new instrument as to all its parts; but, embracing the contrivances of others so far as they are available, the inventor has modified and added to them, so that an apparatus is produced leaving little to be desired. The method of maintaining a nearly equable temperature, although very simple, may be noted; as a lamp, whether of spirit or oil, is liable to produce over-heated vapour. Whatever serves to give precision to our aims, and to eliminate sources of fallacy in the use of therapeutic agents, must be acceptable to the profession.

The vegetable kingdom affords almost innumerable materials and principles volatile at a low temperature and capable of being introduced into the system by the breath; of these the essential oils are the most striking. Their obvious and sensible properties seem to point them out, *primâ facie*, as likely to exert remedial effects, either locally or by passing into the system through the lungs. The inhaler, which is manufactured by Messrs. Maw and Son, and may be obtained of Messrs. Bullock and Reynolds, Hanover-street, will enable experiments to be made with those oils or other volatile bodies, and will lead to conclusive results, whether negative or positive.

Foreign Gleanings.

SELF-INFLICTED WOUND OF ABDOMEN AND GRAVID UTERUS.

DR. BERNHARDT, of Vienna, has published in the *Wiener Woch. für Prac. Med.*, the case of a woman, aged thirty-five, who had borne eight children. During her ninth pregnancy, she ripped her own abdomen, during a moment of delusion. The wound was very large, allowing the omentum and a portion of the gravid uterus to protrude. The latter was also wounded to the extent of a couple of inches, the abdominal wound measuring about five inches. The lips of the gap were brought together by sutures, and the treatment carried out according to the usual rules. The patient was, for some time, in much danger. Three days after the event, a healthy child was born; and on the twentieth day after the infliction of the wound she was quite well.

INTERESTING AUTOPSY: CASE UNDER PROFESSOR VERNEUIL.

Attempts at reduction were made, thirty hours after the accident, upon an old man suffering from luxation of the head of the femur above the pubes. As ordinary parallel traction and the rotatory method had failed, the patient was stretched on the ground, in order that circumduction and

moderate traction might be carried out. Although M. Verneuil was unaided in his efforts, the neck of the femur snapped at the very outset of this manœuvre. The head of the bone, however, remained fixed. The patient died four years afterwards, at the Asylum for Aged People. On examination it was found that the caput femoris was quite isolated from the shaft by a fracture situated at the junction of the neck and the trochanters; and that it rested on the notch between the anterior superior spinous process of the ilium and the ilio-pectineal eminence. The head of the bone was strangulated by a loop formed externally by the tendon of the rectus femoris, and internally by the psoas. The tractions which had been made had, of course, a tendency to tighten the loop.

DEATH-TESTS.

At the meeting of the Academy of Medicine of Paris on July 26th, Dr. Laborde read a paper on the above subject. The author says:—"If a highly-polished steel needle be thrust to a sufficient depth into the tissues of a living man or animal, the needle after a short time will have lost its polish, and be in fact oxydised. If, on the other hand, a needle of the same kind be introduced into the muscles of a dead subject, and left between twenty minutes and an hour, it will not turn dull." M. Laborde infers that the oxydation of the needle and the electrical and thermic phenomena connected with this oxydation are signs of apparent death; whereas the complete absence of oxydation and of the concomitant phenomena is a sign of real death. A committee, composed of Messrs. Gavarret, Béclard, and Vulpian, have been appointed to report upon this paper.

FISSURED PALATE: THE PROPER AGE FOR OPERATION.

M. Ehrmann, of Mulhouse, has sent to the Surgical Society of Paris five cases of this kind, involving the hard palate. The little patients were respectively of the age of three years and a half, four months and a half, eight months, eight weeks, and twenty-seven months. The author had only one case of failure, and used chloroform in all. A sixth case is also mentioned (seven months and a half), where the patient died of hæmorrhage. M. Ehrmann insists especially on the advantage of having the child well fed, on a complete division of muscles, on the careful application of metallic sutures left from twelve to twenty days, &c. M. Lefort observed, after the reading of the paper, how vastly Mr. Thomas Smith's gag facilitated the operation. In the introduction M. Ehrmann had occasion to state that, out of twenty cases of staphyloraphy in children from fifteen days to three years and a half old, there had been fifteen failures, among which was one death, leaving five successful cases.

ABSTRACT
OF THE
ADDRESS IN SURGERY
DELIVERED BEFORE THE
ANNUAL MEETING OF THE BRITISH MEDICAL ASSOCIATION AT NEWCASTLE-UPON-TYNE,

By GEORGE Y. HEATH, M.B.,
SURGEON TO THE INFIRMARY, NEWCASTLE-UPON-TYNE.

AFTER a few introductory remarks, Mr. Heath said:—"I propose to confine myself to the subject of Operative Surgery; and, taking some of its main characteristics, to illustrate these from the experience of others and from my own. It will be allowed by those who are most familiar with the matter, that modern operative surgery is characterised by the boldness and magnitude of its proceedings; by its respect for the integrity of the human body, and its reticence of the knife; and by the general superiority of its results.

"I claim for it, that in its bold, as well as in its milder and more conservative measures, it realises a larger and more uniform amount of success, and is thus a more useful and reliable agent than the art of former days—a success which is the more satisfactory that, though brilliant, it is the result of sound principles, industriously sought after, and carefully carried out.

"Here, then, are three characteristics which, I think, we may consider the chief, or of the chief, characteristics of modern operative surgery. For the sake of shortness, they may be spoken of as its *audacity*, its *conservatism*, and its *success*."

Mr. Heath then referred to various operations in support of the first point, remarking that feats which might make even the initiated tremble have been undertaken in isolated or comparatively rare instances, and with a fortunate result; that the spleen has been taken away, the kidney extirpated, as a sequel to ovariotomy; and, not to multiply examples, that the uterus has been removed several times alone, and also together with a large cyst and all its diseased appendages, constituting a large mass.

He continued: "But it must not be supposed that, because these great operations are cited as illustrations of the audacity of modern operative surgery, they have no other claim to our admiration. Many of them are successful endeavours to save life under the most unfavourable circumstances; and none were undertaken but after a patient investigation of facts, or without a careful and judicious consideration of all the aspects of the disease and of the condition of the patient. All were performed according to sound surgical principles, and for the removal of disease in itself necessarily fatal.

"Nor need our admiration of these or similar undertakings engender in our minds a recklessness of human life, any more than their execution indicates the existence of such a feeling. It is, indeed, sometimes said, and even by members of our profession, that the performance of such operations does evince a certain want of respect for life, and that great operators are apt to look lightly upon the deaths of patients where a fatal result ensues. For my part, I entirely repudiate such thoughts, nor do I believe in their existence; and I would appeal to every operator in the room to echo my opinion, and to say if he would not deprecate such a feeling as the worst foe to a really sound operative surgery.....

"Because, when the surgeon puts his knife into the palpitating flesh, his hand does not tremble, nor the sight of blood affect his nerves, should he be stigmatised as cruel, heartless, and unfeeling, or regardless of human life? Surely not. This presence of mind is the result of knowledge, not of callousness—of knowledge based on experience, and of forethought. It is the result of a well-devised plan of operation. It is, indeed, the result of a true sense of the sacredness of human life, and of the deep responsibility that attaches to him who places his patient's life in possible immediate jeopardy, to rescue him from a certain but distant death. Without such a feeling, no man ever was or will be a truly good and successful surgeon; for more than aught else—more than the love of fame or the desire of success—it impels us to those measures of precaution, of careful preparation, of minute detail, which enable us to bring to a fortunate termination the most hazardous proceedings, and thus to justify the audacity of modern operative surgery."

Passing to the subject of conservative surgery, a term first made use of by Sir W. Fergusson, Mr. Heath said that "since the publication of Sir W. Fergusson's paper, the attention of the profession has been more thoroughly roused and directed to this principle in surgery, which, during the last ten or fifteen years, has been more and more widely acted on, and is now so completely established as to be one of the most marked characteristics of modern operative surgery. The removal of diseased joint-ends of bones is at present one of our most common proceedings, and has gradually been applied to most of the articulations in the body.

"It is interesting to note the advance which has taken place, in a conservative direction, in the method of performing resection, itself the stronghold of conservatism. The external incision, at first more or less complex, has been reduced in most situations to a linear and less extensive one; the amount of bone thought necessary to be removed is less; and recently the practice of subperiosteal section has been adopted, by which an important structure is preserved, and reparation favoured. After excision by this method we rarely meet with those cases of withering, the result of too extensive removal of parts.

"Even in what we might call the hostile territory of am-

putations, the same principle is at work, leading us to remove limbs at points as far distant from the trunk as possible, as in the amputation through or immediately above the ankle-joint, instead of below the knee, and through the knee instead of at the middle or lower third of the thigh. Few amputations are followed by a more satisfactory result than that through the knee-joint, when done so as to leave an anterior flap to cover the end of the bone, from which the articulating surfaces need not be removed. The wound heals rapidly; no raw surface becomes exposed; and a shapely useful stump is the result. These conservative amputations possess several advantages, since they not only leave a more serviceable stump, and interfere less with the symmetry of the body, but they also increase immensely the patient's chances of life."

Mr. Heath then proceeded to argue that "there are few questions in surgery which afford a greater test of judgment, experience, and decision than that which we have to ask ourselves in certain cases of injury—Shall this limb be removed or not? When the question has been answered in the negative, there are also few cases which afford a greater test of our patience, perseverance, readiness at expedients, watchfulness, minute attention to details, and capability of using mechanical forces. One at least of the most important elements in the successful treatment of such cases is to be found in the great principle of rest, as carried out by means of apparatus which shall at the same time perfectly support the limb and retain it in position, and allow dressings to be applied without disturbing it. The large number of collieries in the neighbourhood of Newcastle, and the variety of works in and around the town, have always afforded Newcastle surgeons only too many opportunities of treating these injuries; and our predecessors at the infirmary, who were also almost invariably surgeons to some of the collieries in the neighbourhood, gave attention to this part of surgery." Mention was made of the special work done by Newcastle surgeons in this matter, and attention was called to the original splint (placed upon the table before Mr. Heath) invented by Mr. McIntyre, which still bears his name, and of which various modifications have been made. Mention was also made of the fact that another Newcastle surgeon (not now practising), a member of this Association, Dr. Greenhow, invented an ingenious sling-splint, of which there was also a specimen on the table; and of a third splint, a modification in some respects of Dr. Greenhow's splint, introduced a few years ago by Dr. Gibb, and so ingeniously arranged that, while as a whole it forms an excellent cradle for a fractured limb, it admits of being taken to pieces, the separate parts serving as leg, arm, or thigh splints, as may be required.

The speaker continued:—"As I have assumed that we are more fortunate in saving severely injured limbs than were our predecessors, the question may fairly be asked, by what particular means this result is obtained, seeing that thirty years ago the ordinary principle of fixing the limb and keeping it at rest was enforced, as at present, by suitable apparatus; and that the rest of the treatment was also in most respects similar to that now in use—such as the removal of broken pieces of bone, the practice of incisions when required, and so on. I would reply—1. That the attempt to preserve limbs is made more frequently at present, modern surgery being more thoroughly conservative. 2. That we have a greater choice of, and also improved, apparatus for keeping the parts at rest. 3. That our knowledge—though still very incomplete—of the mode in which some of the most frequent cases of failure in the treatment of these injuries, as well indeed as of other wounds, are caused, has increased of late years, and therefore our power of coping with them has also increased.

"This brings me at once to the verge of two large and weighty subjects—Hospitalism, and the use of Antiseptics; the consideration of which, however, is quite beyond the scope of my design. I should merely wish to observe that, while I believe that the employment of antiseptic agents constitutes an important principle in modern surgery, I also think that their use has scarcely received so unprejudiced a consideration as it deserves, in consequence of its being so much identified in the minds of the profession with one particular method, one special agent, and one peculiar theory of disease.

"It happens now and then that our attempts to save limbs, though successful, end in disappointment; the limb preserved being from some cause less useful than an artificial limb, and a source of discomfort to the owner. Such a misfortune may occur in consequence of an extensive destruction of integument, so that a raw surface which nature has not sufficient resources to cover in is left, to the continued annoyance of the patient, who will sometimes ask to be relieved of the extremity which it has taken so much trouble to preserve. We might fairly consider the new proceeding of grafting a portion of epidermis upon the gap to be filled up, as, in such cases, partaking of the nature of conservatism. Or this inutility may arise from mal-union, the causes of which I need not here enter upon.

"There are few structures of the body which have been the field of more brilliant and daring operations than the arterial, whether these have been executed to stanch the flow of blood from a wounded vessel, or for the cure of aneurismal disease. Such operations have been oftentimes as successful as they have been daring, but too often, also, they have been brilliant failures, followed by a fatal result; sometimes life has only been preserved at the expense of a limb. Much has already been done in modern times to diminish the number of such failures, and to further the conservation of limbs, by the employment of mechanical measures in the place of cutting operations. In carefully adjusted position, for instance, we have a ready means of modifying the force of the arterial stream. The mere elevation of a limb exercises considerable influence over its circulation; but other positions, such as extreme extension and flexion, either with or without elevation, may be so employed as to keep the blood stream under almost perfect control.

"My attention was first drawn to the effect of this position two years ago, by one of the surgeons of the Lariboisière, who informed me that he had ascertained by experiment that by extreme extension the force of the arterial circulation might be materially modified. I have myself experimented upon this position, and find that, in thin persons particularly, extreme extension, or, as it may be shortly called, 'over-extension' of the elbow-joint, enfeebles the pulse at the wrist, and where the elbow-joint admits of being so extended that the end of the humerus presses forwards against the artery, the pulse is entirely extinguished. Abduction of the shoulder-joint and over-extension of the wrist aid this effect. In the lower extremity, if a hard cushion be placed under the buttock, and the hip and the knee-joints over-extended, the pulse at the ankle is also very greatly enfeebled. I have not employed this method in cases of actual bleeding; but, although the position might be difficult to enforce, believe that it would be useful, at least as an auxiliary measure.

Mr. Heath then referred to the power exerted by the bent position of a limb, or over-flexion, upon the blood stream. "I have frequently had recourse to this expedient to stay arterial bleeding, sometimes temporarily, often permanently. For some time I hesitated to trust to this proceeding alone. Latterly, however, I have frequently done so, and have treated wounds of all the vessels of the forearm—of the radial, in the middle of its course, and near its termination, between the metacarpal bone of the thumb and that of the forefinger; of the ulnar and its upper third; the superficialis valve and the palmar arch—by flexion of the elbow. I have not had such frequent opportunities of testing this means in the lower extremity; but have employed it occasionally to restrain secondary bleeding from stumps with marked success, and also in a case of malignant disease in the lower third of the tibia, where profuse hæmorrhage followed an exploratory incision.

"A French surgeon has recently impugned the efficacy of flexion as a blood-stopping means. I have therefore had some experiments done at the infirmary here, with a view to test the effect of this position upon the pulse at the wrist and at the ankle. These experiments were done at different times, and on several different individuals, by Dr. Page, our excellent house-surgeon; and by myself separately, with the assistance of Mr. Kaye, my dresser." The details were given by Mr. Heath, who continued: "From these experiments, as well as from those cases of actual bleeding in which this method has been used, it may be fairly inferred that we possess in over-flexion a blood-controlling agent of considerable power, which can be applied on the shortest notice, which requires neither instruments nor apparatus other than can be obtained in the poorest

cottage, which can be put in force by anyone possessing neither special knowledge nor operative skill, which is not dangerous in itself, and which may be relied upon with certainty to restrain bleeding, at least temporarily, even when it may fail permanently to arrest it. The bleeding from a wounded artery is so striking a thing—so many circumstances concur to attract the eye and arrest the attention—the crimson blood flying in jets across the room or welling from the wound—the death-like aspect of the bleeding man, his livid pallor and convulsive agitation,—these are so appalling, the absolute danger is so great and imminent, that we do not wonder if the ordinary bystander is palsied by affright, and the surgeon himself deeply impressed by the gravity of the situation. It is to such a scene that, suddenly and without preparation, he may be summoned—perhaps to some remote place, perhaps in the middle of the night. Without assistants, except the terror-stricken spectators, who encumber the room, by the flickering light of a candle, a practised operator might hesitate to undertake the search after the wounded vessel."

A more remarkable example of abstension from the knife was to be found in the pressure-treatment of aneurism, which Mr. Heath noticed in detail, and remarked that it originated in Newcastle.

The speaker proceeded:—"There remains to be considered the last of the characteristics which I have attributed to modern operative surgery—namely, its success. It is in one sense a matter of indifference to what part of operative surgery I turn for illustrations of its success; they abound everywhere. They might be found in the subjects we have already treated; or I might take to choosing at random some special department, say the orthopædic, and adduce the wondrous metamorphoses produced by its agency in proof of my position—the variously twisted and useless feet opened out, straightened, and made serviceable; the withered, bent limbs made strong and shapely; the hideously distorted trunks conjured into symmetry; transformations worked with a perfection, a facility, and an absence of pain to the patient which seem little short of miraculous when we look at the condition of this branch of our art some forty or fifty years ago. Transformations, too, not now confined to some special metropolitan hospital, but which may be undertaken by any provincial surgeon who understands his business. I might describe the mechanical apparatus, so nearly perfect, constructed upon scientific principles, and adapted with such careful design to each particular deformity, and which so greatly assist the surgeon to overcome difficulties and enable him to complete the transformations, towards which the division of tendons is only the first step. Here, too, I might refer to an aspect of our art most interesting to study—the moral effect produced by raising a misshapen, halting creature to the condition of a straight and well-proportioned man—an aspect which brings mechanical art into a close and remarkable relation with the subtle and mysterious problems of psychology. I prefer, however, as more in consonance with my design, to take examples from fields which have been more generally cultivated, and for a longer period, by the great body of the profession, and from operations which contain in themselves all the essentials of treatment independent of the assistance of the mechanist."

Reference was then made to lithotomy, herniotomy, and ovariotomy in a very masterly way. In the Newcastle Infirmary, between the years 1859 and 1869, both being included, lithotomy has been performed sixty-four times; and of this number two operations only have been followed by fatal results. These sixty-four operations occurred in different proportions in the practice of six different surgeons, who, during the time stated, have held office at the infirmary for longer or shorter periods. The ordinary rate of mortality after this operation, as calculated from a large number of cases, not confined to recent years, as stated by Coulson and others, was about one in seven.

Mr. Heath said that the success of the modern operation of lithotomy may be attributed in part to the simplicity of the instrument used; in part to the greater gentleness with which in modern times we employ our tools, particularly the forceps, so that we avoid the pulling and hauling with both hands, the violent movements of instruments from side to side, which in former days were not unfrequently witnessed, and the consequent bruising of the neck of the bladder and other structures—proceedings fraught with dangers; and greatly also to the use of chloroform, by which the operation is robbed of more than half its terrors, so that patients are encouraged to seek relief from their pain at an earlier period than formerly, and whilst the urinary organs are still not seriously affected by disease.

The modern operation for hernia without opening the sac Mr. Heath regarded as perhaps the most satisfactory and successful proceeding in the whole range of surgery, aiming at so splendid a result as the rescue of a life from imminent danger. The operation, when the sac is opened, is itself much more successful in the present day than it was some thirty years ago, being usually put in practice after a much shorter period of strangulation, and followed by a more sensible and rational after-treatment; but the operation without opening the sac is, he believed, as absolutely certain of success as any proceeding can be.

After referring to the operation for the extraction of cataract, and to ovariotomy, in support of his observations, Mr. Heath said, with regard to herniotomy, ovariotomy, and the extraction of cataract, "these three operations do not, at first sight, appear to bear any close resemblance to each other, being undertaken for very different purposes, and one taking place in a little world, as it were, apart from the rest of the body. Yet a brief examination will show that they possess some features in common, and, although each may depend for its success upon some particular proceeding more or less special to itself, will enable us to discern certain principles, common to all three, greatly influencing their favourable termination. Thus in all three operations a serous cavity containing important structures is more or less involved, and each may fail by reason of inflammatory action destroying or impairing the functions of these structures; or, as in ovariotomy and herniotomy, by reason of other more serious consequences, to which procedures affecting such regions are particularly liable.

"There are certain common principles greatly affecting the success of each of these different proceedings. 1. The limitation of the external wound, as compared either with the magnitude of the part to be removed, or the importance of the deeper structures involved, or the greatness of the result to be obtained; or, in other words, the approximation of the operation to a subcutaneous wound. Herniotomy without opening the sac, and the new operation for cataract, may be really regarded as equivalent to subcutaneous operations; whilst the small opening in the abdominal wall, through which the enormous mass of disease is drawn, really gives to ovariotomy a certain approximation to that form of proceeding. 2. The exclusion of air from the wound itself, or from the serous cavities involved. 3. And last, but not least important, the exclusion of blood from the wound itself, or from the cavities involved. Although these principles may be considered specially important in such cases as these, where a serous cavity is implicated, we have constant opportunities of observing their importance in operations generally. Indeed, it is but natural to infer that the principles which, carefully carried out, lead to the success of such an operation as ovariotomy, should also powerfully affect the success of proceedings upon less important structures.

"In the excision of joints as now performed, as well as in the extirpation of growths from the bones of the face, we have examples of the limitation of external incisions. This principle, quite distinct from conservatism, not only favours rapid healing and diminishes deformity, but also, by covering in raw surfaces more effectually and permanently, diminishes the risk of entrance of air into wounds.

"Amputation by anterior flap, though not an example of the limitation of incision, shows the good effect of the complete covering in of raw surfaces. There is a cast here of a stump left after amputation of the knee-joint, where a posterior flap was formed. The flap was amply sufficient to cover the bone at the time; but, primary union not taking place, the flap gradually slid down, leaving a raw surface uncovered. Healing was long delayed, and the patient necessarily exposed to many risks which I need not enumerate.

"The importance of the exclusion of blood from wounds left by operation can hardly be overrated. Every amputation of a limb, or removal of a tumour or diseased breast, affords an example of the impossibility of effecting rapid union where blood or bloody serum is allowed to collect between flaps or in the cavity of a wound; and the danger of

septicæmia from such a cause in the early days of an operation will be recognised by everyone. The application of torsion to bleeding arteries will greatly assist us in carrying out this principle; and the exclusion of air has been considered a matter of such importance that a variety of means have been employed to effect it, which I can only allude to here, such as the water-bath used in Berlin and the *appareil pneumatique* at the Hôtel Dieu. But, without employing any such special apparatus, by the management of our preliminary incisions, and by methods of dressing, with or without antiseptics, much may be done to effect this important end."

He proceeded: "I have endeavoured to demonstrate the increased success which attends modern operations, and at the same time to trace out some of the principles which tend to that success, such as the management of primary incision so as to limit the external wound, approximate it to a subcutaneous wound, and facilitate the covering in of raw surfaces; the concurrent principle of exclusion of air, with or without the assistance of antiseptics; the exclusion of blood, with the consequent increased immunity from blood-poisoning; and the use of chloroform, which brings our patient to the operating-table so much earlier and before secondary diseases have arisen, lessens shock, and facilitates all our proceedings. In addition to these, there is another of totally different character, which must not be overlooked: this is the greater diffusion in the present day of operative skill throughout the surgical profession.

"Our fellow-workers, the physiologist, the chemist, and the physician, are not idle. The innermost recesses of living things are made to give up their secrets; the mysteries of life in health and in disease are wrested from the minute molecules of structure; new drugs rise from the alembic; strange plants yield up their juices and their fruits to soothe our pains or cure maladies hitherto incurable; and, with greater knowledge and more effective means, the physician advances to the combat of disease with bolder and more certain steps, with greater assurance of victory.

"What have we, the votaries of the knife, to show beside these marvels? If we cannot answer this question this address has been written in vain. Gibbon asserts that the meanest insect which crawls along the dome of St. Peter's is more worthy of regard, more wonderful, than that magnificent structure; and human life is surely more precious than the appliances which are subservient to it; but life itself may be far below its value, or a mere burden, when cumbered by painful disease or by deformity. We have seen with what audacity the modern surgeon encounters the most formidable enemies of life; what slight traces of his work he leaves behind; how limbs are preserved, and yet the diseased part taken away; with what facility the cripple is rendered active, the hump-back made straight, deformities conjured into symmetry; with what safety the thickened lens is taken away from the eye, the torturing stone extracted from the bladder. We know with how much confidence he can say to yon poor wretch writhing in inextinguishable sickness, 'Suffer me to put you to sleep for a brief space—I will undo in a few minutes the cause of your complaint, and you shall be a sound man in not much longer time than would see you in your grave without such assistance.' That haggard creature, too, whose form is rendered misshapen, and whose life is being exhausted by a monstrous growth, whilst she is unconscious he will take away the encumbrance that oppresses her, raise her in a few weeks from her bed of suffering, and restore her to the world a fresh and blooming woman."

WAR NOTES.

WHILST this terrible war proceeds with such rapid strides, and battle succeeds battle, we are too apt to lose sight of what it all means. We run our eyes rapidly over the morning telegrams at breakfast, and scan those of the evening with eager and excited curiosity, but we fail to realise to ourselves the awful spectacle which the beautiful provinces and vineyards of France must present at the present time. Wounded, dying, and dead men and horses cover the land, and the soil is red with their blood. The field hospitals, villages, and railway stations in the neighbourhood of the battle-fields are crowded with wounded. The results obtained from experience with the needle-gun and chassepôt have borne out what we have already said about these weapons. The projectile from the needle-gun of the Prussians inflicts a less serious wound than that from the chassepôt of the French. The former is readily deflected by an obstacle such as a bone, and often causes a clean-looking flesh wound only; while the latter hits harder, inflicts a more jagged wound, and often smashes the bones in its path. The effects of the mitrailleuses are said to be very grave, probably owing to the greater charge of powder used. These weapons, having a good range of 1500 yards, naturally possess much greater penetrative power than the small-arm breech-loaders. After all, our own nine-pounder muzzle-loader, firing ten rounds of shell per minute, every projectile of which splits into about a hundred fragments, is a more formidable engine of war than the mitrailleuse. From all we are able to gather, the medical organisation of the Prussian service is vastly superior to that of the French; indeed, there seems to be as great a superiority of the Germans in this respect as in their system of military organisation generally. The French, during the wars of the first Napoleon, displayed less forethought and consideration for their wounded than might have been expected; and the precipitancy that marked the action of the present Emperor on the occasion of the Italian War characterises it still. Their ambulance and transport for sick and wounded are very defective; and the *intendance* system works badly. The supply of army ambulance waggons was quite insufficient, and the volunteer ambulances rendered important services. Of course, the reverses which the French have met with have tended to hopelessly disorganise their system. On the other hand, the Germans have displayed the greatest attention to all, even the minutest details connected with their wounded—and their dead also, for a corps of grave-diggers accompanies the army—a valuable, but not cheering appendage. The Prussian ambulance waggon, marked with a red cross, and carrying a white flag, is well fitted with spring mattresses and movable cushions, linen, lint, box of surgical instruments, and a cask of water; and the corps of sick bearers is composed of intelligent and well trained men. Nothing can exceed the patriotic self-denial of all classes, and every effort is made to carry out the suggestions of humanity in affording succour to the disabled soldiers. According to some of the German and French papers, a good many doctors on both sides were either killed or wounded in the actions at Wörth and Weissenburg.

During the first week of the late war in Bohemia 28,000 wounded men were taken under treatment by the Prussians, and the *personnel* of their medical service was unequal to fulfil the requirements made upon it. Since that time the ablest medical men of Germany, civil and military, have been engaged in reconstructing their medical service, hospital equipment, and field transport, and it is scarcely likely, with the smaller number of wounded up to the present time in this war, that anything like the same shortcomings will be experienced. Still, the description of the battle-fields forty-eight hours after the struggle shows that during that time a large number of men had not had their wounds attended to.

The Germans are as fully alive as the late Sir James Y. Simpson was to the evils arising from overcrowding, and the aggregation of large numbers of wounded men. Indeed, it cannot be said that modern wars have added much to our knowledge in these respects. Sir John Pringle, in his "Observations on the Diseases of the Army," laid down the principles of sanitation very clearly. He inculcated that the

sick should always be dispersed in several villages, and not retained in one. The greatest danger, he declared, is foul air, which can never be compensated for by diet or medicine.

The Germans have of late years been introducing a system of "baracke," or roof-ventilated hut, for the treatment of severe surgical cases, and experience has shown that pyæmia and hospital gangrene can be better prevented in them than in solid buildings. These will, no doubt, be largely utilised during the present war. The ventilation of the "baracke" at the Charité hospital of Berlin, is described by Esse. It is a system of aspiration. The air is drawn in by a space under the floor, and passes into the ward through the stove. In summer time the air enters by windows, and passes out by a lantern on the roof. The Prussian experience of the hospital structures used by the Americans in their war was unfavourable. The wards in the climate of Germany were too hot in summer, and too cold in winter; but the "baracke" does very well for both surgical and medical cases. It may be remarked, in passing, that cases of typhoid fever treated in these wards gave a larger number of recoveries, but the convalescence was more prolonged than when the patients were treated in hospitals of more solid character.

The secondary affections of gunshot wounds have yet to make their appearance, and the military surgeons that were to proceed from this country will have an opportunity of studying these, as they probably will now miss the opportunity of witnessing the working organisation of the German and French medical and ambulance services.

We shall be very anxious to ascertain the opinions of surgeons on the relative merits of amputation and resection in military surgery, for at present the evidence on this subject is very conflicting.

THE PRIVY COUNCIL MEDICAL REPORT.

THE Twelfth Report of the Medical Officer of the Privy Council, which, with its Appendix, will be issued to the public in a few days, will fully maintain the great interest and importance of the remarkable series of volumes of which it forms part. Mr. Simon's account of his stewardship is on this occasion divided into six heads: the first relating to the special diseases of the year; the second to the sanitary wants of the population; the third to public vaccination; the fourth to the practice of pharmacy; the fifth to the question of medical reform; and the sixth to the scientific investigations conducted by the Department. It is probable that at least five of these subjects will require special notice in our columns; but, as regards medical reform, we congratulate ourselves upon being somewhat in advance of the Privy Council, and we shall hardly retrace our steps to examine its work.

We gather from the general tone of Mr. Simon's Report that he looks hopefully to the near future for some comprehensive measure of sanitary legislation, and that he seeks to impress anew upon the public mind, both by the statement of fresh facts and arguments and by the repetition of old ones, some of the most cardinal points that should be secured by any useful measure.

Among the Reports contained in the Appendix we may mention those by Dr. Buchanan and Mr. Netten Radcliffe on various methods of dealing with excrement; that by Mr. Netten Radcliffe on the Turbidity of the Water supplied by certain of the London Companies; the statistics of the National Vaccine Establishment, and the Report by Dr. Seaton on Animal Vaccination as practised on the Continent; the Report by Dr. Burdon-Sanderson on Contagion; that by Dr. Thudichum on the Chemical Identification of Disease; and that by Dr. Thorne on the effects produced by the consumption of the milk yielded by animals suffering from foot-and-mouth disease.

The report on Animal Vaccination by Dr. Seaton is, as the very name of its author would ensure, a most complete and careful document. For the sake of the many and manifest advantages that would seem likely to accrue from the system, we regret to record that Dr. Seaton's testimony is entirely condemnatory of its employment. He finds that the degree of success attending the practice of animal vaccination is low, and such as to constitute a serious drawback to its use; while much training and practice are required before even that low degree of success can be secured. He therefore believes that its general introduction could not fail to cause the presence in the community of a large and constantly increasing number of unprotected or imperfectly protected persons, and thus to become a source of extensive and fatal epidemics of small-pox.

In the face of this conclusion, it is the more gratifying to state that the general work of vaccination in England is steadily extending and improving, that the arrangements for local lymph supply are rapidly being perfected, and the awards paid by the Privy Council to meritorious public vaccinators, in addition to their contract fees, amounted during the year to very nearly four thousand pounds. It is also stated by Mr. Simon, as an illustration of the improving quality of public vaccination, that the first-class gratuities in 1868–9 formed 60 per cent. of the whole number given, as against 33 per cent. in the year immediately preceding.

SOCIETY FOR AID TO THE SICK AND WOUNDED IN WAR.

WE feel assured that everybody must wish this Society every success in its efforts to relieve the sufferings and assuage the misery of the wounded during the present calamitous war. The Society belongs to no country or party. It joins in the battle of humanity, and endeavours to mitigate the horrors of war, and it ought to command the sympathies of all, especially of those who, like the inhabitants of this country, are spared the mournful sights and sorrows by which other lands are afflicted. Spite of the exultation that attends on success, how many German homes are desolate, and how many German soldiers are at this moment tortured with pain. In France, on the other hand, there is nothing to diminish the sorrow, misery, and disappointment which reach from the Empress to the poorest peasant.

A public meeting of the general committee of this Society was held on the 4th inst., and resolutions have since been passed by the central committee to the following effect:—That Mr. Prescott Hewett, Dr. A. J. Pollock, and Surgeon-Major Bostock, form a sub-committee for the purpose of selecting six surgeons or dressers, in every way qualified, to serve as a detachment from this Society with the French and Prussian Society of Help for the Sick and Wounded in War; that the surgeons be at once sent to the seat of war to the French and Prussian societies; that the first contribution of £500 be sent to the national societies through the British Ambassadors in Paris and Berlin; and that Captain Galton, C.B., be requested to consider the possibility of finding a store to be used as the Society's depôt for such articles for the use of the sick and wounded as may be contributed by the public.

The surgeons and some dressers have already left. Ours is a profession which must perforce be familiar with what the sufferings of the wounded are likely to be. We have great pleasure in giving publicity to the above resolutions; and if we can in the meantime aid the central committee in their humane efforts, by receiving any subscriptions or *matériel* for the use of the sick, we shall be glad to do so at the office of THE LANCET.

THE LANCET.

LONDON: SATURDAY, AUGUST 20, 1870.

WE hope the British Medical Association will be better for the rebuke administered to it at its recent meeting by a few of its distinguished members, who are also members of the General Medical Council. It would not be possible for such genial and gentle men as Professor STOKES, Dr. PAGET, and Dr. ACLAND to be guilty of a breach of good taste. But we conceive these gentlemen came as near this mistake as it was possible for them to do at the Newcastle meeting. There can be but one opinion as to the courage which they displayed in bearding the lion in his den; but as to the discretion of their tactics opinion will be as uniformly adverse to them. They were of course entitled to their own opinions as members of the British Medical Association on the course pursued by the leaders of that body in their recent opposition to the Government Bill; and we are bold to say that any well-timed and moderate expression of their opinions would have been respectfully and patiently listened to. But it looked, from the very first, as if there was a conspiracy on the part of the members of the Medical Council to scold the Association; and even when the subject of direct representation came fairly before the meeting, Dr. ACLAND managed to put himself altogether into the wrong temper and line of remark for commanding the assent and interest of the meeting.

We say the whole action of the members of the Medical Council at the meeting had the look of a scold. There was all the impatience to be at the subject which betrays the one absorbing object of the speaker. No doubt Dr. CHADWICK felt flattered when he first saw that Dr. STOKES was to be the mouthpiece of the thanks of the Association to him for his able year's work as president of the Association. To have Dr. PAGET, the president of the Medical Council, to second such a motion was an additional honour. But what must have been his disappointment when these gentlemen, after the barest allusion to his services, came down like vultures on the question of the Medical Bill, and reiterated over and over again that the Association, or rather those who directed its influence, had made a great mistake in not thankfully accepting that poor and imperfect measure. We can easily imagine that Dr. PAGET and his colleagues thought it a duty to try to alter the opinion of the British Medical Association on this subject, and perhaps to bring it to repentance for its naughty behaviour in having so persistently opposed the bad Government measure, to which the General Medical Council gave such an obeisant adherence. We will even admit that it was respectful to the Association for these gentlemen to muster in such force to support each other in trying to convince the Association that the Council and the Bill were the most complete things in their way that could be imagined; but we cannot congratulate them on the time and method of their own defence, and of what was really a severe attack on the conduct of a great body of practitioners who have met with very inadequate consideration at the hands either of the Government or of the Medical Council.

Dr. STOKES told the meeting that they should have accepted the Bill as an instalment, and dealt with the question of the General Medical Council afterwards. That word "afterwards" is always finely indefinite. But what future would have been remote enough to have appeared fit to the present Government for dealing with the question of the Medical Council? Dr. STOKES must know that the only hold upon the Government which the profession had was the wish of the Government to make certain changes in the examining system of the country, and that everything the Government said showed that if they could but achieve this they would snap their fingers at the profession and its wishes as regards the Medical Council. There was only another point in Dr. STOKES's speech, and that was the disparagement of examinations as means of improving medical education, and the praise of everything but medicine in the education of physicians. As to the fact that Dr. STOKES learned physic by attending to everything else but medicine, that is no rule. Dr. STOKES is a physician by nature and genius, and would have been one under any system of medical education. But even he admits that he studied medicine ten months.

It is clear to most people that, whether examinations in medicine can be made perfect or not, they can be made much more perfect than they are. This is shown by the fact, alluded to by Dr. PAGET, that the serious examinations of the Army and Navy boards suffice to demonstrate the ignorance and utter incompetence of many of the men who have passed even more than one of the examining boards of the corporations. And this fact has produced an extensive impression that the examinations for the State licence to practise medicine should be conducted by a body more disinterested than the present corporations are, and that such examinations should be regulated by a body composed differently from the present Medical Council. If there is so little in examinations, Dr. STOKES need not have so deeply lamented the loss of a Bill that effected only the most minimum interference with existing arrangements. But the fact is that the only hope of elevating medical education is through an improvement in the examinations. It is vain to prescribe courses of study and attendance on a certain fabulous number of lectures. The only effective thing to be done is to exact a certain amount of knowledge. And it will be time enough to disparage the one-portal examination as a test of knowledge when we have got it, and made it as perfect as it can be made.

The apologists for the Government Bill—all of them members of the Medical Council—availed themselves of two other occasions than that of the motion of thanks to Dr. CHADWICK for ventilating their regret at the miscarriage of the Bill. Dr. RUMSEY, in his address as chairman of the State Medicine Department of the Association, spoke in defence of the omission of the 18th Clause, arguing that it was a hard compulsion on men who might wish to take a degree in medicine, but not to become practitioners—a class too small to justify consideration in legislation. He approved the substitution of one State licence for a medley

of legalised portals into the profession. But he failed to see the good of the direct representation of the profession in the Council, and talked the usual platitudes about the difference between a deliberative and an administrative assembly, as if the Medical Council did not at present deliberate at great length upon the least points affecting the interests of the corporations which it mainly represents, and as if the withdrawal of a few corporation members and the substitution of a few direct representatives would compromise its administrative capacity. It is the very fault of the present Medical Council that it deliberates so much and administers so little. Dr. ACLAND'S amendment on the Report was so courageous and so signally unsuccessful that we will not say anything to convince him of what all but he and the six who voted with him must have seen—that it was a great mistake. His objection to the free action of the Association in the matter of the Medical Bill was more than a mistake; it was an intolerance. The British Medical Association is nothing if it is not free and independent. And if it once begins to shape its course in accordance with the wishes of the Medical Council, or those of its members who happen to be also members of that Council, it will lose any influence it possesses. We regret exceedingly that different views and inclinations were not expressed by the members of the Medical Council at Newcastle. But they must be more than ever convinced that the action of the Direct Representation Committee has the entire approval of the members of the Association.

A NEW and interesting phase in the discussion on the action of alcohol upon the organism is offered by the important paper by Professor PARKES and Count WOLLOWICZ, lately read before the Royal Society. These observers have experimented afresh upon the action of alcohol on the healthy human subject; and their efforts have been directed to the object of ascertaining what are the results, respectively, of abstinence, moderate consumption, and large consumption. It must be understood that the inquiry was strictly limited to the action of *alcohol, mixed only with water*, and of brandy, upon the healthy subject; and that no absolute inferences can be rightly drawn from them as to the action of ordinary alcoholic drinks even in health, and still less in disease.

Viewed, however, as a piece of physiological research, this paper demands the most careful attention. Its great importance consists in the remarkably negative character of the results brought out; these, it may be said, will be equally unwelcome to the teetotaller on the one hand, and to the extreme advocate of alcohol on the other. It is difficult in the short space of a leading article to give an adequate account of this research; but the following may be accepted as the main points which it elicits:—

1. In the first place the inquiry results in a distinct confirmation of the maxim that alcohol, given in small and in large daily quantities respectively, has widely different effects upon the system. Beyond a certain line of dosage, which Dr. PARKES places at 2 oz. of absolute alcohol daily (Dr. ANSTIE had fixed it, approximatively, at 1½ oz.), symptoms of *narcosis* are produced; and simultaneously with this the appetite, which had been helped by the smaller ration, begins to be visibly depressed.

2. With small and with large doses the heart's action is quickened; but the increase of rapidity rises very greatly when once we get to narcotic doses.

3. The nitrogen-excretion does not appear to be affected (the nitrogen supply being equal), nor does the amount of free acidity or of phosphoric acid in the urine seem to diminish, either with normal or with moderately narcotic doses.

4. Neither alcohol nor brandy lessens temperature.

5. Upon the question of the elimination of alcohol, unchanged, the authors arrive at merely qualitative results—i. e., they show that a certain amount of elimination does go on. They allow that recent research has rendered it improbable that this is very large in amount—at any rate as far as regards the urine; but they conjecture that it perhaps goes on, with varying intensity, for a longer time than was supposed by ANSTIE and DUPRÉ, and that, taking all the channels of excretion together, a notable proportion may be really discharged unchanged. It may certainly be said, however, that they adduce only slender evidence to support this conjecture. And, as far as the experiments march side by side with those of the last-named observers, they confirm them almost exactly; for they show very well that urinary elimination never becomes more than a mere trace till really narcotic doses are reached. It was also only with narcotic doses that the authors procured evidence of what they believed was a continuance of elimination over several days.

Although Dr. PARKES is far too candid to go intentionally one step beyond his facts to support a particular theory, yet it is tolerably obvious that his mind tends towards certain conclusions from the facts which he has observed, and these conclusions are not quite what we should ourselves be inclined to draw. In the first place, he hardly seems to perceive that, even on his own showing, it appears necessary to admit that moderate doses of alcohol, at any rate, must be in greatest part destroyed or combined within the organism, with the result either of tissue-formation or force-production, or both. It is certain that people do not go on storing up unchanged alcohol within their tissues. Yet there seems now no possible escape from this dilemma: either alcohol is employed for vital purposes within the body, or else the regular alcohol-drinker must become a mere walking spirit-store. It is no argument against the view that alcohol is an aliment, that it does not elevate the temperature of the body above the normal line; because there are many ways in which heat, momentarily generated by the combustion of a hydrocarbon, may practically disappear within the organism, and fail to be appreciable by the thermometer; and, as a matter of fact, the ingestion of ordinary food does not appear to be followed by any elevation of the rectal temperature, if this was already at the normal standard.

Again, we cannot by any means admit that the chemical results (or non-results) of alcohol upon excretion which Dr. PARKES and M. WOLLOWICZ adduce at all justify the assumption that the body cannot be assisted to perform more muscular work on less food by the aid of alcohol.

What they do prove, if correct, is this—that the ordinary accusation by teetotallers that moderate doses of alcohol hinder the oxidation-processes, which are the true life of the healthy body, is false. But it still remains quite possible that, without preventing the application of one single grain of ordinary food from being applied to tissue-building or force-production, alcohol may supply an extra force especially fitted for the needs of organic motor life, and possibly capable of diversion, in case of need, to the supply of voluntary motion. We should like to hear Dr. PARKES's mature thoughts upon the question—How does violent muscular exercise prevent the intoxicating effects of doses of alcohol which would otherwise certainly narcotise? The fact is notorious. The rough conjecture that the effect may be due to increased skin and lung elimination breaks down instantly when we subject it to actual experiment. Let anyone drink half a bottle of strong port in the course of half an hour, and then set himself to the exercise of running rapidly up and down a long room, or vaulting over bars; and let him collect the sweat which pours off him, and submit it to distillation. He will avoid the otherwise inevitable narcotism, but he will find only the most trifling evidences of elimination by the channel of the skin; and if he also examines his breath, by passing it through a test solution of chromic acid, he will find nothing to warrant the belief that the lungs are doing a large work of elimination.

In one instance, and in one only, have Dr. PARKES and M. WOLLOWICZ allowed themselves to step altogether outside the area which these researches cover, and to invade quite foreign territory. The man upon whom they experimented accidentally contracted an ephemeral catarrh, with slight elevation of temperature, during the time that he was taking large doses of alcohol. The authors remark that the alcohol did not prevent a rise of temperature; and they speak of this, much to our surprise, as a conclusive proof that alcohol cannot reduce fever-heat. We certainly cannot admit the validity of this argument. The doses taken (six and eight ounces of absolute alcohol) were out of all proportion to the gravity of the fever—the temperature not rising above 100·7°. Indeed it may be said that the modern advocates of alcohol in febrile disease would select such a case as a typical example of the kind of febrile affection in which alcohol should be given either not at all or most sparingly. We cannot doubt that the pulse would have been found to be distinctly lowered in tension after each dose of alcohol, and that in every way the symptoms would have indicated a narcotic and mischievous effect; but it is unfair to argue in any way from such a case to that of severe pyrexia in typhus or pneumonia. In short, the researches of Dr. PARKES and M. WOLLOWICZ, interesting and valuable as they are, ought only to serve as the stimulus to further and still more elaborate researches, by those who have time and skill to make them, into the deeply important question of the actions of alcohol upon the body in health and in disease.

THE Addresses in Medicine and Surgery, annually delivered before the British Medical Association, will furnish important materials to the future historian of our art, in which, indeed, they should be the records of occurring progress, written by the men of whose acts history is made. Before they pass away from the recollection of contemporaries it is obviously desirable that they should be subjected to the ordeal of criticism; so that those who hereafter appeal to them may have the means of ascertaining the impression which they produced upon those before whom they were read, and upon those also who received them without the aids afforded by the charm of manner, and by the music of the voice. In earlier years the addresses were simply retrospective, the orators confining themselves to an account of the principal achievements of the time that had elapsed since the preceding meeting. It became manifest, however, as the Association grew in magnitude and importance, that merely retrospective addresses could contain nothing more than facts already well known to the audience; and that to mould and condense these facts into a narrative was not a task that would stimulate the ambition, or call forth the powers, of men in the highest ranks of the profession. Accordingly it came to be understood that the addresses were to be essays on the state of the respective departments of medicine; that they were to deal only with limited classes of facts, and to surround these facts with reflections which should fulfil the requirements of DRYDEN's well-known definition, and be natural without being obvious. Thus enlarged, the office of medical or surgical orator became one of no small dignity and importance; and it has been worthily filled by many whose names have imparted to it an added lustre. The duties of each successive incumbent have therefore become more difficult; and with their increasing difficulty it has become more and more a matter of concern that they should be discharged in a manner commensurate with their importance.

The Address in Medicine at Newcastle was delivered by Dr. SIMSON, and that on Surgery by Mr. G. Y. HEATH. The latter gentleman may be congratulated on the attainment of more than an average degree of excellence. If we may return to our definition, his reflections were always natural, although they certainly sometimes bordered upon being obvious. He, however, struck a bold key-note with no uncertain hand, and felicitously claimed for modern surgery the three distinguishing attributes of audacity, conservatism, and success. In support of his position he took illustrations from various and most diverse fields of work, from the excision of joints, from the cure of compound fractures, from the treatment of hæmorrhage by position, from the statistics of lithotomy, and from the extraction of cataract. A general surgeon who enters upon the domain of specialism excites in our minds something of the feelings with which the heroine of a novel is accustomed to watch the exploits of the hero in the hunting-field. We note his approach to the big fence with palpitating hearts. We shut our eyes and hold our breath as he flies through the air. We return to the exercise of our visual and respiratory functions, after the lapse of a moment that seems an age, in an agony of doubt whether we shall see the bold horseman galloping erect and confident over the distant greensward, or lying crushed and mud-stained in the ditch at our feet. In the present case we bear willing witness that audacity has been rewarded by considerable success. The place of descent

was slippery and treacherous, and the hind quarters of the good horse seemed for a moment likely to be held fast by the adhesive clay; but his supreme effort was victorious over the difficulty, and he and his rider pursued their destined course.

Of DR. SIBSON'S composition we regret to be compelled to speak in less favourable terms. After a very few preliminary observations, he devoted the rest of his address to an account of the way in which he is accustomed to treat acute rheumatism and acute gout, and he described this way with a complacency in which we fancy few of his hearers or readers can share—speaking of its results as being "happy." He is accustomed to use only rest, gentle pressure, warmth, external anodynes, and protection from local injury. Half of his patients suffer from endocardial disease. In the other half, many are relieved of articular pain within eleven days, most within twenty-one days. In cases of gout, iodide of potassium and tartrated iron were given, in addition to the measures employed against rheumatism.

Now we leave to others the task of more minutely criticising Dr. SIBSON'S methods and results; but we must express our doubts whether the former are legitimate, or the latter satisfactory. Not to speak of the administration of alkalies, there are at least two methods of treatment—the blistering plan advocated by Dr. HERBERT DAVIES, and the administration of iron as recommended by Dr. RUSSELL REYNOLDS—that are said to be attended by a far greater measure of success; and it seems to us a satire to call Dr. SIBSON'S essay an Address in Medicine. As Dr. BILLING said of him at the Royal Medical and Chirurgical Society, the author appears to limit himself to the province of the nurse. And while we admire the sensitive conscientiousness that forbade him to give his patients any coloured or flavoured liquid to make them think they were taking medicine when they were not doing so, yet we cannot but feel that something may be said in favour of the plan that is thus condemned. A hospital patient suffering under acute rheumatism would be very likely, if he had no medicine, to think that he was either neglected or practised upon; and neither his mind nor his body would be in a favourable state for the reception of the necessary explanations. The administration of mint-water seems to us to be distinctly less reprehensible than the abandonment of medical treatment; and the conscience that can accept the latter responsibility, while it shrinks from the burden of the former, is well calculated to perform the feat which is described in Scripture as "swallowing the camel."

THE resolution arrived at by the Council of the College of Surgeons at its last meeting can only be regarded as a compromise. As originally passed by the Council at its special meeting held two days before the first assembly of the Fellows and Members within the College walls, the resolution was framed so as to conciliate those of the corporation who were likely to insist upon the carrying into effect of the charter which provides that the examiners shall be chosen from the Fellows generally, and not from the Council exclusively as heretofore. Mr. QUAIN proposed that *four* of the ten examiners should be outside the Council; but the amendment carried by Mr. HUMPHRY was that half the Court, or *five*, should be Fellows who "are not, and have not been, members of the Council." The confirmation of this resolution was mysteriously postponed at the following meeting, and the members of the Council were at the adjourned meeting of the Fellows and Members in April twitted with having "changed their front" as soon as the emergency was passed through. This was vehemently denied by Mr. QUAIN and Mr. BUSK. At last, after five months' consideration, we have the resolution confirmed indeed, but with an addendum which simply nullifies any benefit to be derived from it; since it now asserts "that it is desirable that not less than one-half of the members of the Court of Examiners shall be Fellows who are not, and have not within twelve months been, members of the Council, and that the resolution shall be carried out as soon as possible."

At the present moment there are three examiners—Messrs. SKEY, PARTRIDGE, and ADAMS—who "are not, and have not within twelve months been, members of the Council"; and the resignations of Sir WM. FERGUSSON and Mr. QUAIN are only being held over to October; whilst Mr. HILTON at his re-election professed his readiness to retire if called upon to do so. There can be no difficulty, then, in carrying out at once the above arrangement, but for the fact mentioned last week, that the election is by ballot, and that no public discussion respecting the merits of candidates takes place. We can quite appreciate the motive of the original framers of the charter which authorised election by ballot, since by this means a secret hold upon the rest of the Council has always been lodged in the hands of the seniors constituting the Court; but the time has surely gone by for such a mode of election to a scientific appointment, and can only be justified as protecting the Council against themselves.

We shall be curious to see what steps will now be taken in October, for we regard the addendum of last week as an ingenious provision for discarded councillors, of whom there are, however, at the present moment, no others capable of undertaking the duties of an examinership. For ourselves, we should like to see the three vacancies which must ensue upon Sir WM. FERGUSSON'S, Mr. QUAIN'S, and Mr. SKEY'S retirement, filled by the appointment of two first-rate teachers of anatomy and physiology, and by the election of Mr. HANCOCK, who now fills the post of junior vice-president; and, if Mr. HILTON should also resign, the appointment of an additional teacher from the body of Fellows.

Medical Annotations.

"Ne quid nimis."

ARMY MEDICAL SERVICE.

THE Committee that has been engaged in an inquiry into the organisation of our army hospitals has not yet presented its report. It may be hoped that one of the results of its labours will be the recommendation that military doctors shall be allowed to manage their own department, and administer the affairs of their own hospitals. This is

done in the navy, and our naval hospitals will compare advantageously in their internal organisation and administration with any similar institutions anywhere. It would appear, however, that although naval surgeons may be competent to manage their hospitals, army surgeons are not. Among Mr. Cardwell's various gifts, he is not generally credited with the possession of too much independence of judgment or decision of character; and there are some who go so far as to think that, when he does make up his mind, his decisions are often wrong. It is said that there is to be another military Governor appointed to Netley, and that the Honourable Lieutenant-Colonel Gordon has been nominated for that post. On what grounds such an appointment has been made we are quite at a loss to understand. If men with the experience of the present and late Inspectors-General, who have acted as the principal medical officers at Netley, be unfit to superintend the administration and internal economy of a general hospital, it is clear that they are unfit to be trusted with the organisation of a medical service, or hospital field service, in a time of war; and if they cannot do that, we may as well, for any use they are, dispense with the administrative ranks of the army medical department altogether. The presence of a military governor at Netley is unnecessary, and the post merely serves to swell the expenditure without any advantage to the public. As far as all matters of discipline are concerned, the General commanding the district might surely discharge these with the aid of a captain of orderlies and a paymaster.

THE BARSHAM MURDER.

A TRIAL has recently taken place at Bury St. Edmunds in which a medico-legal point of great interest and importance has been raised. The medical evidence, from its nature, was not fully reported; but we have been favoured by Mr. Crowfoot with the details that were suppressed.

The prisoner, Jacob Ling, was charged with the murder of Anna Maria Chenery under the following circumstances. The corpse of the deceased was found in a lane, at 2 o'clock in the morning, in rather a sitting posture, with its back resting against the bank. The passer-by who made the discovery went for the police; and when the body was moved, there was a pool of blood beneath it. The prisoner was known to have been acquainted with the woman; and, when he was arrested on suspicion, his boots and trousers were stained with blood, and he had concealed a bloody shirt. He admitted having been in company with the deceased at the place where she was found, and having had intercourse with her, upon which he said that she complained of something being amiss, and appeared to faint away, and that he left her in that condition, but had not done anything to produce it.

Mr. W. M. Crowfoot, a surgeon, of Beccles, said that he was called to see the deceased, and that he made an examination of the body about twenty hours after death. He found all the lower clothing saturated with blood. On tracing the blood to its source, he found that it proceeded from a wound in the vulva. This wound was situated within the right labium, to the right of, and rather above, the clitoris, in a general direction from below upwards, and from behind forwards, parallel with the genital fissure. It was rather more than an inch in length, and, at the lowest and deepest part, was about half an inch in depth. It extended through the mucous and submucous tissues, and at the lower part of the wound there appeared the open mouths of two or three bloodvessels of considerable size. The edges of the wound were not clean cut, but jagged. Below it was an extensive excoriation of the mucous membrane of the inner surface of the labium. On the inner surface of the left labium, opposite the excoriation, was a wound which had separated a triangular flap of mucous membrane. The base of this flap was still attached; the edges were rather more than a quarter of an inch in length, and the apex was directed downwards and outwards. The vagina contained no blood. There were no bruises or injuries visible on any other part of the body. Some blue veins were seen on the left thigh, but they were not enlarged or varicose. On opening the abdomen the uterus was found to contain a seven months' female fœtus. There had been no separation of the placenta, or injury to the womb. The witness expressed his opinion that death was due to hæmorrhage from the larger wound, and that the wound was caused by some blunt instrument. He was of opinion also that one of the wounded vessels was an artery. A stick which was shown to him, stained at the extremity with blood and dirt, was an instrument with which the wound might have been inflicted; and adherent to it were two hairs, which he examined under the microscope, and believed to be human hairs, and one of them to be from the pubes. The prisoner was already paying towards the support of one illegitimate child of the deceased; and the theory of the prosecution was that the wounds were inflicted with the stick in order to procure abortion.

For the defence it was contended that the stick had nothing to do with the transaction, and that it was stained by having been used to stir the blood near the corpse by some of the many visitors to the spot. Mr. Adams, a surgeon of Bungay, was called on behalf of the prisoner, and an opportunity had been afforded him of seeing the vulva, which had been removed from the corpse by Mr. Crowfoot, and preserved in spirit. He said that there were two wounds upon it. On the right side was an irregular slit, and within the wound a varicose or distended vein. The wound could not have been caused by such an instrument as the stick produced. Dancing or other excitement would tend to gorge the vein with blood, and pressure on it with any substance might burst it. There were no ruptured arteries in the wound. He was positive of that. His evidence extended to many immaterial points, and ultimately the jury acquitted the prisoner.

Now if we consider that by Ling's own confession he had accompanied this poor woman, who had already borne one child to him and was pregnant with another, that he had had intercourse with her, and then left her fainting upon the ground, to die or recover as she might, it is difficult not to regret the decision in the interests of society. With the guilt or innocence of the accused, however, we have nothing to do; nor can we assume that because there was an injury he must have inflicted it. The point that interests us as medical jurists is the difference of opinion between the medical witnesses. Mr. Crowfoot, who saw the recent corpse, described what must have been an injury from without. Mr. Adams, who saw the parts in spirit, describes only a ruptured varix. There was here no question of opinion, but one of fact; and it is a disgrace to our system of jurisprudence that it was not authoritatively settled before the jury were called upon to decide. A dissection and examination of the preparation would even now show whether the wound was a ruptured varix of the labium or a laceration of the erectile tissue; and the jury ought not to have been left in a fog of doubt from which the testimony of an expert, summoned by the court, would at once have relieved them. If Mr. Crowfoot had been aware of the defence to be attempted, he would, of course, have been prepared to meet it; and the case may serve as an instructive lesson to medical men called in to cases of felonious injury, teaching them to leave nothing

undone that may throw light upon the case. If Mr. Crowfoot had traced back the injured vessels when he first examined the corpse, he would probably have been able to overturn a hypothesis that seems to us to be almost wildly extravagant.

RELIEF FOR THE WOUNDED.

WE should be extremely sorry to offer any opposition to any proposal which presented a hopeful prospect of mitigating the pain of the wounded, but we think that the generosity of the public should not be taxed for visionary and doubtful schemes, such as that proposed by Dr. Thudichum for supplying nitrous oxide gas. There are, doubtless, some advantages in using this anæsthetic for short operations, such as toothdrawing and the making of incisions of a simple character. But there is no experience in favour of its use either for dressing wounds, or for more important operations; and, from the fleeting character of the anæsthesia, there is no hope whatever of its being really effective in such cases.

We would venture to suggest in preference the formation of a special staff for the purpose of directly relieving pain by the use of the many means which are now at our disposal. First and foremost, they would be armed with a full supply of chloroform; secondly, with Dr. Richardson's apparatus for the production of local anæsthesia; and we would, of course, make no objection to nitrous oxide having also a place in the armamentarium. Nor should these be all. The subcutaneous injection of sedatives would be of great use, particularly in allaying the spasms which so painfully follow fractures and amputations; whilst, in the last place, hydrate of chloral would probably be found to relieve insomnolence to a very great extent. One or two physicians armed with these remedies would not only relieve an immense amount of physical and mental suffering, but would afford the profession an experience of the very highest value.

THE REGISTRATION OF DISEASE.

THE Report of the British Medical Association Committee for the Registration of Disease, adopted at the Newcastle meeting, embodies the following scheme:—

1. The collection, every week, of returns of new cases of disease coming under treatment in all the public institutions of a district, whether charitable, parochial, or corrective (e. g., prisons).

2. The registration districts to be based upon those now used for the registration of births, deaths, and marriages.

3. The appointment, in each superintendent registrar's district, or group of districts, of a "registration medical officer," who, in addition to the collection of the above returns and the supervision of the death records, would, in doubtful cases, certify the fact of death, investigate and record its cause, and register still-births. He would also be available as a medical witness or assessor, and might act as a medical officer of health in certain districts.

It is our opinion that in mixing up the two totally distinct questions of the registration of non-fatal disease, and the amendment of the existing Registration Act, the Association has been badly advised. For it has been shown by Mr. Lewis, of the Registrar-General's Department, and confirmed by Dr. Farr, that a weekly return of non-fatal disease occurring within public practice throughout the country can be obtained without creating any fresh local organisation; and that being so, it appears to us unnecessary, and therefore unwise, for the Association to stipulate that the Registration Act shall be altered, and a new set of officers appointed coincidently with the establishment of disease returns. We are fully alive to the defects of the Registration Act, and would gladly see them removed; but we contend that this is a matter to be considered by itself; certainly not one bound up indissolubly with the provision of Disease Returns. Stress is rightly laid upon the *weekly collection* of these returns, but there is an equally important consideration to be kept in view, and that is the *weekly publication* of the results. We have been told, on official authority, that the intervention of a third party between the medical recorders of the facts and the central office for collection and tabulation would be fatal to regularity and rapidity of publication. The necessity for such intervention is not made out to our satisfaction, and we regret that the Association appears to regard it as indispensable. But is it not risking the chance of getting anything by asking for more than is absolutely necessary?

SHUTTING THE STABLE DOOR.

WE read in a contemporary that the Council of the Royal College of Surgeons has determined to remove the name of Edwin Lowe, lately convicted for administering a drug with criminal intent, from the list of its members. We cannot but admire this vigilance on the part of the Council, and applaud the result to which it has led. But we would most respectfully inquire whether it might not be possible to carry similar vigilance a step further, and to remove one or two notorious persons from the list before they have graduated in honours at the Old Bailey. When a man is actually undergoing a criminal sentence, it matters little to any one whether he is a member of the Royal College of Surgeons or not; but a career tending to the former distinction might sometimes be nipped in the bud if the higher officials of the profession were empowered to warn and to punish before A 22 could legitimately interfere. *Nemo repente fuit turpissimus*, and an actual censorship would only require to be vested in proper hands in order to become an unmixed benefit. To be what is called by the Book of Common Prayer "an open and notorious evil liver" does not imply professional incompetence; but it most certainly implies absolute unfitness for the discharge of professional duty. We should be very glad to see this recognised by authority; and we believe that its recognition would arrest the steps of some, at least, of those men who begin with small lapses, and who sink in time to baby-farming and the procuring of abortion.

THE DANGERS OF THE STREETS.

IN a letter to a contemporary the house-surgeon of Charing-cross Hospital reports that no less than twenty-five persons were treated in that institution during the month of July for injuries, more or less severe, occasioned by passing vehicles in the Strand and its tributary streets. The writer calculates that if the other large hospitals receive a similar number, about two hundred and seventy-five persons per month suffer from this cause of accident. This estimate is probably not very far from the truth, and the evil which is thus pictured is so great that it may well command serious attention. For it is not merely the amount of personal suffering inflicted (though that is bad enough) which calls for a remedy. There is, besides, the enormous loss in productive labour which is entailed, and which so often plunges families into poverty when the working member is unable to follow his employment. If money could remedy the mischief it would be well spent in the effort, but we doubt the possibility of this. A certain part, no doubt, of the danger is due to the overcrowding of the streets, and especially to the absurdity of allowing empty cabs to crawl along at a pace which embarrasses the passenger in his efforts to cross the road. But the chief cause lies in the inordin t carelessness of the passengers them-

selves, and for this we know of no remedy. The experience of railways shows that neither the risk of accident nor the still more potent apprehension of a money fine will prevent many persons from entering or quitting a train whilst in motion. Such persons as these, together with neglected children and drunkards, contribute most largely to the return of street accidents, and they will contrive to court danger, even though the street traffic be diminished to a fraction of its present extent.

HEALTH OF HER MAJESTY THE QUEEN.

AT a time when war is devastating the fairest countries of Europe, and when the columns of the general press present us with only too many subjects for painful reflection, it is especially gratifying to find that they also furnish incidental evidence, on which we may rest with entire satisfaction, of the restored health and strength of Her Majesty the Queen. We observe that the Queen travelled on Tuesday from Osborne to Windsor, with so little fatigue that she was able not only to hold a Council on Wednesday, but also to start on the same evening for the Highlands, a journey of more than 600 miles, to be performed by eighteen hours of almost uninterrupted railway travelling. All Englishmen will rejoice at such signal proof of Her Majesty's remarkable capacity to sustain both bodily and mental exertion of a very arduous kind; and to undergo fatigue from which many of her subjects would have shrunk with feelings approaching to dismay. If Her Majesty's restored powers and recovered energy had been displayed entirely in her devotion to the cares of State, we might perhaps fear for the permanence of the improvement, and might tremble lest a high sense of duty was prompting her to self-sacrifice, which we might afterwards have occasion to deplore. But the great value of the evidence to which we point rests upon its being yielded, partly at least, by exertions from which it would have been possible to refrain; and, while we look upon it as being medically complete, we venture to accept it as a happy augury that in future Her Majesty will be more seen by her attached and loyal people.

RECENT PHYSIOLOGICAL RESEARCHES.

IN the fasciculus of the *Archivio per la Zoologia, l'Anatomia, e la Fisiologia*, of Profs. Richiardi and Canestrini, is a paper by M. G. von Ciaccio on the influence of various vapours and gases on the movements of the spermatozoa of the frog and the triton, and the following are the principal results he has obtained. 1. The action of hydrogen varies according to the species of the spermatozoids, and the particular conditions under which they are placed during the experiment; so that it sometimes arrests, sometimes arouses and maintains, their movements. 2. Oxygen, according to whether it acts on spermatozoa moving from the influence of the air or rendered immovable by the action of carbonic acid, and also according to the species, now suspends and now exalts their movements. 3. Nitrogen has no inhibitory influence on the movements of the zooids, which continue to move as in the air. 4. Carbonic acid constantly abolishes the movements, though these can be re-excited by the action of nitrogen, or, still better, of pure oxygen or hydrogen. 5. Carbonic oxide produces the same effects as carbonic acid, except in requiring a longer period to arrest the movements. 6. Ethylene slowly arrests the movements; especially slowly in the zooids of the triton. 7. Ammonia arrests the movements, and these are not re-established on exposure to the air. 8. Sulphuretted hydrogen quickly and permanently abolishes all movement. 9. The vapours of chloroform and ether produce the same effect. Recovery of the power of movement does not follow exposure to the air.

In the same fasciculus is another paper by the same author, containing the results of his investigations on the electrical organ of the torpedo, in which he shows that the dissepiments of the electrical columns or prisms are composed of two laminæ, the upper one supporting the blood-vessels, the lower containing the nerves. These form a superficial plexus of medullated fibres, from which non-medullated fibres are given off, forming a deeper plexus in the substance of the plate, which may be therefore regarded as a terminal nerve-plate, analogous to the muscular nerve-plates of the same animal.

POOR-LAW INQUIRY AT MARLAND WORK-HOUSE, ROCHDALE.

ONE of those curious and extremely unsatisfactory inquiries which are from time to time instituted by the Poor-law Board has just taken place at Rochdale. A lunatic named Doran was admitted by an order of the relieving officer on the 2nd of June. He was placed in a warm bath, and thoroughly washed with soap and water and dried with a towel, by two attendants, who say that he did not flinch under their manipulations, or present any external evidence of injury. He was seen next day by the medical officer, and was so violent as to require confinement in a strait waistcoat. He was removed from ward to ward, and was seen by a guardian on Saturday evening, June the 4th, in a bed upon the floor. On the 7th he was removed to the Prestwich Asylum, where it was discovered that he had seven recently-broken ribs, three on one side and four on the other. He died next day; and the guardians demanded of the Poor-law Board that an inquiry should be held.

After a month's silence, the inspector, Mr. Basil Cane, sent two days' notice that he would hold an inquiry; but that he would confine it to what actually took place within the walls of the workhouse.

The result might have been anticipated. The master and matron denied that there was any violence whatever. The paupers swore the same. The doctor did not examine the patient, but was nevertheless ready to give an opinion that they had been broken before admission; and the Inspector actually refused to take evidence from the superintendent of police as to the treatment he had previously received. And so the Inspector remarked in conclusion that the testimony went to show that no violence was done to the deceased whilst he was in the workhouse. Inquiries of this nature are utterly worthless.

In our Report on this workhouse we drew attention to the want of a proper attendant on the imbeciles and lunatics, and to the absence of a padded room. An attendant has been appointed lately, and it is to be hoped that a proper padded room will be insisted upon by the Poor-law Board.

HOLIDAY!

WE make a point yearly of urging our readers to break away from the routine of their arduous work. We do this in everybody's interest: in the interest of the practitioner, of his family, and of his patients. There are natures that can do without holidays. This conclusion is forced upon us by having seen one or two monsters of this kind who can go on from year to year, from decade to decade, through all the sad variety of medical experience, and feel no flagging of their interest, no depression, no longing for escape to a spot where they, being unknown, will be unmolested as possessors of the power of healing, and will only mingle with healthy people. But such natures are only exceptions that prove the rule that medical men require a holiday.

More than most others they require it. They have to do with men in abnormal conditions of mood and body. They lose sleep; and, as a rule, work very hard. There are peculiar elements of worry in their work—in irregular cases, in crotchety patients, in the limitations of their ability to do all that they would like to do. It is amazing that medical practitioners should be so healthy as they are, and so free from hypochondriacism. But there is one preservative measure they should have recourse to, and that is—complete escape from work. They should almost refuse to see disease when they are having their holiday. Life was not meant to be all toil. We work to live. And he does not know the luxury of work who does not change it occasionally for the luxury of rest:

> "The sweet vicissitudes of rest and toil
> Make easy labour."

ST. BARTHOLOMEW'S HOSPITAL.

THE prospectus of this hospital for the session 1870-71 presents some excellent features and a few omissions. Among the former are the classes formed at the college for matriculation at the London University, the preliminary scientific examination, and the first M.B.; thus freeing pupils from the necessity of applying to grinders or joining classes outside the hospital. But why should there be no classes for the second M.B.? A very liberal and important innovation, as far as we remember, is to give sixteen dresserships, annually, free of expense, to students who pass a good examination, or who may be specially recommended. Nor must we omit to state that "all students preparing for their examinations are arranged in classes, and examined by the lecturers and demonstrators." The scales of fees are not satisfactorily arranged. "Fee for attendance on the hospital practice and lectures required for the pass examinations: first winter, £31 10s.; first summer, £31 10s.; second winter, £36 15s.; or a single payment of £99 15s." Now, which pass examinations are meant? What is the meaning of these two winter and this single summer session in the face of three or four years' hard work required from a student? Why are not the fees required for a degree at the University of London mentioned? Why is there no perpetual fee? What are the duties of "casualty physicians and surgeons"?

THE JAMAICA LUNATIC ASYLUM.

WE are glad to find, from a perusal of the annual report of this institution, which we have just received, and from the comments made by the visitors, that a more satisfactory state of things exists in the asylum. Dr. Allen, since his appointment to the post of superintendent, seems to have overcome innumerable difficulties, and to have placed the administration of the asylum upon such a footing as to secure for the unfortunate lunatics the kind and good treatment, both moral and medical, which they have lacked in times past. Dr. Allen tells us that seclusion is used but seldom, and varies from a few minutes and upwards until the temporary passion has subsided, and danger passed; and it is only ordered by a medical officer, or a responsible subordinate, on an emergency. There is no padded room in the establishment. No mechanical restraint of any kind is allowed to be used. This is an improvement. Much remains to be done in the way of increased accommodation in the asylum. It is to be hoped that the humane spirit which guides the treatment of the poor lunatics within may be extended to those outside the asylum walls; for we observe that the manner in which patients are brought to the asylum is still very unsatisfactory. Cords and iron handcuffs are still employed to restrain the unfortunate patients. Some of them are in a filthy state, and common decency has, in some instances, been utterly disregarded. One man, a coolie, was brought stark naked to the asylum, with the exception of a bit of wrapper round his privates, and yet this man was possessed of £1 19s. 6d. in cash, which was handed to the steward by the constable who brought him to the asylum.

SAMOAN MEDICAL MISSION.

THE first annual report of the Samoan Medical Mission, in connexion with the London Missionary Society, and under the care of Mr. George A. Turner, M.B., C.M., has reached us. The work of the dispensary progressed, we learn, in a most rapid and successful manner, until civil war broke out and lessened the number of patients. Many of the natives, being worsted in battle, have fled to neighbouring parts; but Mr. Turner has, we observe, still plenty to do, and does it well. He is training with success native agents in the proper and especially the domestic management of cases of sickness, and so dispelling many of the erroneous customs of the people. The dispensary will, it is hoped, be self-supporting. Dyspepsia is the most common complaint amongst the natives, since they have only one principal meal daily, and that at seven o'clock in the evening. They eat voraciously, masticate their food but little, and are not particular as to its being well cooked. They likewise eat unripe fruits and vegetables in abundance, and are, men and women, immoderate smokers. Rheumatism is very prevalent at Samoa, so is phthisis and bronchitis. Skin complaints, except scabies and psoriasis, are common, especially frambœsia, and a species of ringworm called Lokelau ringworm, which has some resemblance to ichthyosis, but is more limited and circumscribed, and about which Mr. Turner has as yet some doubt. We wish Mr. Turner success in his good work.

THE LIVERPOOL WORKHOUSE.

THIS large institution bids fair to lose its high reputation as a model of its kind. It was here that the plan of dispensing with pauper attendance upon the sick was first introduced, and here also the buildings were provided for a proper classification of the patients, and for giving them adequate cubic space. Throughout a series of articles which have appeared in the *Liverpool Journal*, there has not been a single expression of censure on the officers or general management, and more force on this account is imported into the statement that night after night many patients have been compelled to sleep upon the floors. Nor is this circumstance extraordinary. For some time past as many as twenty patients have been nightly crowded upon a landing.

The same journal also complains that a sufficient number of medical officers are not employed. There are only three surgeons to look after the sick cases, so that each has something like 550 patients under his care. The acute cases appear to be lost amongst a crowd of chronic invalids, and hence may easily be overlooked; whilst one of the medical officers is also employed in the Fever Hospital, which is at present crowded in consequence of the prevalence of an epidemic in the town.

It is extremely gratifying to observe the great interest taken by local journals in this important question of the workhouse treatment and accommodation of the sick poor. Time was when such journals would have held a different tone; but now we reckon them amongst our most influential helpmates.

We unite in hoping that the authorities of Liverpool will first of all direct their attention to improved domiciliary treatment of the poor; and also, when home is lost, to the provision of proper accommodation in the workhouse.

HEALTH STATISTICS IN INDIA.

WE hope shortly to take up the subject of the best way of diminishing the terrible amount of disease among our European troops serving in India. In the meantime we may call attention to the summary of death-rate in India among this portion of the population, during 1869, by Dr. Bryden. The loss is very nearly 10 per cent., being 96·87 per 1000 by death and invaliding. The mortality was higher in 1869 than in any year since 1861, being 42·89 per 1000. Among children the loss of life amounted to 14·5 per cent., and among women to 41·4 per 1000. *The Lancet.*

THE HUNTERIAN ORATION.

WE learn that at the last meeting of the Council of the College of Surgeons a letter was received from Mr. Solly in which he declined, we regret to say from ill-health, to give the Hunterian Oration in February. The President has undertaken to deliver it instead.

PAUPER LUNATICS WITH BROKEN RIBS.

A PAUPER lunatic, with several broken ribs, has been admitted to Hanwell Lunatic Asylum from the Islington Workhouse. Although it was clear that the injuries had occurred in the workhouse, the guardians have not been more successful than the visitors at Hanwell in finding out how they were produced. Dr. Ede, the medical officer, seems to have ventured upon the somewhat rash assertion that the rib-fractures could not have been caused by the act of kneeling on his chest; and, of course, all workhouse nurses are so kind that nothing is left but to suppose that the mischief resulted from the man's own violence. It was evident, however, that the patient had never been examined; and the Poor-law Board have issued a most proper instruction that, for the future, all lunatics shall be specially examined and reported upon by the medical officer both on entering and leaving the house.

MEDICAL VOLUNTEERS FOR THE PRUSSIAN HOSPITALS.

WE are authorised to state that properly qualified British medical men, who can speak either French or German, will be admitted as volunteers in the International Society's medical service connected with the Prussian forces. Application should be made at the Prussian Embassy.

PROFESSOR TAYLOR has been appointed Corresponding Member of the Society of Forensic Medicine of Paris.

IT may be presumed that in electing their new chairman, the Metropolitan Board of Works will have an eye to the probabilities of next session, when the privileges and position of the board are like enough to be put to strong question by the House of Commons. A leader accustomed to parliamentary tactics would be invaluable in such case. We observe that the board have called for returns from the several parishes of work done under their auspices, with the object, no doubt, of demonstrating the needlessness of any changes.

THE Central (German) Committee for the relief of the sick and wounded has obtained the royal assent to a project for the creation of a great hospital after the pattern of Chelsea or of the Hôtel des Invalides for soldiers who may be disabled in the present war, with provision for the widows and children of those who fall in battle. A large proportion of the sums contributed by the Germans in America will be devoted to this end.

THE mortality from diarrhœa in London last week was much below the return for the previous week. In most of the large cities and towns quoted by the Registrar-General there was an increase in the diarrhœal fatality.

THE *Army and Navy Gazette* states that a number of naval surgeons who are waiting for employment have expressed their desire and anxiety to the authorities to be allowed in the meantime to proceed to the seat of war to render assistance to the wounded Frenchmen and Prussians.

SOUTHAMPTON appears to have been especially healthy of late. According to the report of Dr. MacCormack its death-rate during the three months ending 2nd August—a curious division of the year, by the way—was only 15·8 per 1000, and epidemic disease was conspicuous by its absence.

THE trial of the baby-farmers, Waters and Ellis, which was set down for the present sessions at the Central Criminal Court, has been ordered to stand over until next sessions, on the application of the prisoners' counsel, on the ground that the defence had not received notice of certain evidence to be brought forward by the prosecution.

WE regret to hear of the rapid increase of the foot-and-mouth disease in Cheshire, which is attributed to the great heat and drought of the season. This county suffered most grievously from the cattle-plague in 1865-66. The disease is also reported to be spreading in the West of England.

AT the Central Criminal Court, on Monday, William Harding, described as an apothecary, was tried on a charge of causing the death of Isabella Tewson, by administering to her a noxious drug to procure abortion. Mr. Baron Martin said there was not a particle of evidence to support the charge, and he therefore directed an acquittal.

A PATIENT at the Liverpool Royal Infirmary died last week under the influence of chloroform, previous to an operation. On post-mortem examination the heart and kidneys were found diseased. The coroner's jury were of opinion that the chloroform had been skilfully and scientifically administered.

REPORT
OF THE
THIRTY-EIGHTH ANNUAL MEETING OF THE BRITISH MEDICAL ASSOCIATION.

Held in Newcastle-on-Tyne, July 9th, 10th, 11th, and 12th.

WE reported the proceedings of the Newcastle meeting up to the close of Wednesday, with one omission—viz., the opening remarks of the presidents of the various sections; and we now give them in brief abstract.

SECTION A.—MEDICINE.

Dr. EMBLETON (president) observed that, this being the first meeting of the British Medical Association in the north of England, he would take the opportunity of heartily welcoming this section to Newcastle-upon-Tyne. In this ancient town they would find the type of the present time: new buildings and streets jostling and thrusting aside the old and inconvenient; what was worth preserving being repaired or restored; demolitions and reconstructions and new works going on simultaneously in various parts. Their population was shrewd, intelligent, independent, somewhat rough, and rapidly augmenting, having in his lifetime quadrupled itself, being fed from most parts of the kingdom and of the continent. The particular application of the sciences and arts to life was the chief characteristic of their district. Their coal and iron were the bases of their industry and commerce. A long array of names illustrious

in classics, mathematics, theology, the law, in the different departments of engineering applied to agriculture, mining, ship-building, and construction of locomotives and railways, of the present system of which this district is the cradle; in chemistry and its application to the manufacture of iron; in antiquarian research, and the fine arts, might be cited as belonging to these parts. The names of Eldon and Stowell, the Stephensons, the Hawthorns, Armstrong, and others, are well-known to the whole English-speaking race. In medicine, also, they had had names of worth—as, for instance, Akenside, the physician and poet, of Newcastle-upon-Tyne; Drs. Armstrong, Claiming, and Brown, of Sunderland; Trotter, of Morpeth; the benevolent Winterbottom, of South Shields; and Addison, the physician and learned lecturer of Guy's,—who would all be remembered. The accessory sciences to medicine, such as botany, natural history in its various definitions, comparative anatomy, &c., had also been represented by the labours of local men. There had been a school of medicine in Newcastle since 1834, which had recently been transformed into the Faculty of Medicine of the University of Durham; and their infirmary enjoyed in the northern counties a similar reputation to that achieved by the Leeds Infirmary in the West Riding. It was not for him to attempt to trace the progress of medicine, but he might be allowed briefly to mention a few points that seemed to be characteristic of the present medical epoch. The President then proceeded to enumerate recent medical discoveries, and remarked that during the last twelve months they had to deplore the loss of pillars of the medical profession—Jeaffreson, Sir James Y. Simpson, James Syme, Sir James Clark, Dr. James Copland, and others. He hoped the meeting at Newcastle might be as successful as its predecessors.

SECTION C.—PHYSIOLOGY.

Dr. ANDREW CLARK (the President), in opening the section, proceeded to discourse on the nature of the science of physiology, and its relative value to other sciences in the medical profession. He said it was the business of medicine to consider health as well as disease, and this consideration involved the regulation of physical growth and development by means of food, exercise, air, and the like, in the first place; the regulation of mental growth and development by means of education in its literal and highest sense, in the second place; and the conservation of health and energy, prevention of disease by personal hygiene, in the third place; and, in the fourth place, not merely physical and mental development as it now existed, but that advance of the physical, mental, and moral development of which he believed man to be susceptible through the influence of agencies for ever at work, and capable of control. As no physiological law could be broken without payment of the penalty of its violation, they were quite prepared to find that the percentage of sickness and mortality between the ages of twelve and twenty was excessive, and that a large number of men of middle age were habitual valetudinarians, not by necessity, but by the commission of petty avoidable violations of physiological laws. It was the teaching of sound physiology to say that if they wished their young men to grow up strong and healthy they should increase their supplies of food; and if they wished their men of middle age to spend the afternoon and evening of life in comfort, and with a free use of their various faculties, they should considerably lessen the amount of food which they now consumed. Physiology taught that the supply of food should be proportioned to, and should not much exceed, the waste of the body through vital and voluntary work, and that the amount of alcoholic stimulants which could be regularly taken with benefit and impunity, though varying with the individuals, was always small, and should be as little as possible.

Professor BENNETT said that all would join with him in thanking their President for the very eloquent and learned address he had just delivered to them. He complained of the poor attendance, and hinted at the advisability of doing away with the section in future.

Dr. JOHN COUPER seconded the vote of thanks, which was carried by acclamation.

SECTION E.—PUBLIC MEDICINE.

Dr. RUMSEY, in his opening remarks, sketched the public relations of medicine, and stated that reforms always pass through three stages—that of ridicule, that of discussion, and that of adoption. State medicine had probably passed the first, and had gained strength in the encounter, whilst the methods of its better organisation were now being discussed. Dr. Rumsey then referred to a few of the principal events of the past year bearing upon the subject, and as regards the Medical Bill recently thrown out in the House of Commons, he said that the real desideratum was to have a working Council, a body which will do the business committed to it by the Legislature with as little circumlocution as possible. It might be very desirable that every medical man should be represented in *some deliberative* assembly. Every branch of the profession ought to be represented in its own college. But from his experience as a member of the Medical Council, he should say that an *executive* body elected, even in part, by a majority of the practitioners whom it had registered, and, therefore, liable to be swayed by every breeze of medical politics or feeling, would be likely to prove a greater failure than at present. Again, if the Medical Council was to be made more accurately than at present representative of classes and institutions for whom it was appointed to act, might not Parliament require that the various public bodies and institutions that employed it should be represented by the addition of eminent laymen to the Council? Dr. Rumsey remarked, in reference to the celebrated 18th clause: "If highly educated men are content *not* to be converted into practitioners, if they consent to forego all the material advantages of registration, are they not to be allowed to take a degree in medicine without also obtaining a State licence?" He differed from many friends on this point. It appeared to him that, on grounds of abstract justice, the State had no more right to prevent the university graduate from taking his place among other unregistered persons, than it had to require a Government licence for admission into the Royal Society or the Athenæum Club. One matter of regret was that in the Bill no provision had been made for the exercise of public medicine. Dr. Rumsey expressed himself in favour of the Contagious Diseases Acts, and said he should not satisfy his sense of duty on the occasion if he did not protest against the indecency and violence of language, the shamelessness of unfounded assertion, the perversion of authentic reports, the suppression of facts, and the invention of fables, which had characterised the proceedings of a party busily engaged in stirring up many thousands of ignorant and prejudiced persons to petition Parliament for a repeal of the Acts. It would be a disgrace to our Legislature if this irrational and discreditable opposition should induce the Legislature to abandon the course it had hitherto so cautiously pursued or to repeal the Acts. Dr. Rumsey concluded by asking his hearers to rely on good work being done by the Royal Sanitary Commission, and not to be impatient under what might appear to be needless delay. Various and conflicting statements and suggestions were made to the Commissioners, requiring most careful analysis and comparison.

SECTION F.—PSYCHOLOGY.

Professor LAYCOCK (the President) introduced the question of "How far Alcoholic Stimulants are necessary for the treatment of ordinary cases of Delirium Tremens." He said he would just, if possible, state in a few words what really was meant by the words delirium tremens, as he found they differed very much as to the idea of what was included under the term, and that made the term so very vague that it led to misapprehension as to the results and treatment. When a man had been drinking for a number of days or weeks, there were various points to be considered. First of all, there was the fact, how did he come to drink so as to get something like delirium tremens? Some men had been drinking for a series of years—drinking every day—and they were in a sense imbued with alcoholic stimulants. They were what is called "sots" or "soakers." Another class was very common, and it is that of a man not habitually a drunkard, not a sot; on the contrary, he may have been a total abstainer, but from some cause or other the desire of stimulants arose, and he begins to gratify that desire. That class of case must be carefully discriminated from that of the habitual drunkard. The others may be termed the dietetic class of cases. He had seen regular teetotallers overcome by an irresistible desire for drink. There was another class of cases which might be allied with them; they were the individuals who had had some injury to the head, some affection of the nervous system—some-

times a sunstroke, sometimes a blow on the head. These persons were apt to become drunkards. They knew that drunkards would go on sotting for months and years without delirium tremens; so much so was that the case that some persons had said that drinking did not lead to delirium tremens. Nor did it in that sense. The drunkenness was generally a predisposing cause. He thought, according to his experience, that the most common and exciting cause was some pulmonary affection. He had also observed delirium tremens come on persons through cold. In the case of "soakers," who drank for months, the exciting power to delirium tremens was some ordinary disease. Continuing his remarks, Professor Laycock pointed out very clearly the difference between what is known as "the horrors" and delirium tremens, and showed that there were differences in the symptoms according to the different kinds of drink taken. He pointed out the qualities and effects of "bitters," the symptoms of "the horrors" and delirium tremens, and combated some of the conclusions of Dr. Cummings, of Belfast, as to the giving of alcoholic stimulants to patients by way of "tapering them off."

Dr. CUMMINGS said he had listened with very great interest to the most important points of the learned Professor's address on delirium tremens, but that the Professor had unintentionally misrepresented him. In the first place, he could unhesitatingly corroborate the statement that a very large number of persons said to be suffering from delirium tremens were under the influence of "the horrors." As to the treatment of delirium tremens, he did not, as a rule, give alcoholic stimulants to persons suffering from the disease, except sometimes in consequence of the circulation, and sometimes in consequence of the coldness of the extremities.

THE PRESIDENT'S SOIREE.

The promenade soirée to which the President, Dr. Edward Charlton of Newcastle, invited the members of the Association, was held on Wednesday night in the Town Hall, and proved to be one of the most brilliant assemblies of the kind ever held within that building; neither trouble nor expense having been spared to ensure the comfort of the guests. The decorations were upon a scale of magnificence rarely excelled, and presented a complete triumph of floral ornamentation. At the north end of the hall was placed an extensive refreshment stall, and at intervals along the area were arranged tables for the display of an immense number of objects of scientific and artistic interest. These objects were notably a number of ornithological specimens lent by Mr. John Hancock; archæological collections contributed by the Antiquarian Society of Newcastle, and by the President; a large series of permanent photographs, illustrating Mr. Swan's carbon process, exhibited by Messrs. Mawson and Swan; and porcelain, the property of the late Mr. Charles Dickens, shown by Mr. Clement Lister. The principal table was devoted to the display, under a series of microscopes, of some of the most remarkable results of modern zoological research in the collection of deep sea organisms, kindly placed at the service of Dr. Charlton by Dr. Carpenter, V.P.R.S. For the means of exhibiting these interesting specimens, the President was indebted to the following gentlemen for the loan of microscopes, &c.:—Mr. L. Armstrong, M.R.C.S., Mr. T. Atthey, Mr. C. Bass, Mr. G. S. Brady, M.R.C.S., Mr. H. B. Brady, F.L.S., Mr. T. Brady, Mr. J. Brown, Mr. D. O. Drewett, Mr. J. Davison, Mr. J. J. Forster, Dr. Frain, Dr. Gibb, Mr. A. Hancock, F.L.S., Dr. Kelly, Dr. McLean, Mr. R. T. Lightfoot, M.R.C.S., Mr. J. Martin, Dr. W. Murray, Dr. T. Nesham, Dr. W. M. Renton, Mr. F. Robson, Captain West, R.N., Mr. H. Wilson, M.R.C.S., and Mr. J. Wright. The guests began to arrive shortly before nine o'clock. During the course of the evening, Mr. William Rea played a selection of pieces on the grand organ, to the gratification of the visitors. The gathering was a complete success.

On Thursday, 11th August, the principal feature of the day was the address of Mr. Heath on Surgery, which was very well received, and which will be found on another page. The sections were comparatively deserted in consequence of two strong draughts of the members proceeding, one to visit the Prudhoe Memorial Convalescent Home, the other to descend the Monkwearmouth Colliery and to visit the Sunderland Docks.

The former party, of about 100, embarked in a steamboat at Newcastle Quay, and went to Tynemouth by water. A brief visit was paid to Tynemouth Priory, a short description of which was read by Dr. Philipson. Dr. Charlton pointed out some of the more interesting features of the building. The party then went by special train to Whitley. At the Prudhoe Home Dr. Philipson read a short account of the origin of the institution, and then described the building, which appears to be admirably adapted for the purpose for which it is designed. At three o'clock upwards of 150 (many having come by train direct to Whitley) including all the leading members of the profession attending the meeting of the Association, sat down to an elegant luncheon which had been provided by Dr. Philipson. The usual toasts were given. The Vicar of Whitby said that the institution was really the creation of Dr. Philipson, to whose efforts he referred in terms of warm eulogy. At four o'clock the party returned to Newcastle by special train.

The second party spent an equally pleasant though more gloomy day in the recesses of the Monkwearmouth Colliery, over which they were conducted by Dr. Davis and Mr. Barker, and were allowed to inspect the working of this magnificent mine, the shaft of which is no less than 1800 feet deep. Some of the party who had previously seen the mine examined the docks, which are amongst the finest in Europe. A very excellent luncheon was provided by Dr. Renton and the profession of Sunderland at the Queen's, at which, in proposing the health of the hosts, Dr. Stokes remarked that these meetings were gradually assimilating to those of the British Association for the Advancement of Science, and he thought they might be made still more pleasant if physic, patients, and politics were dropped altogether.

In the afternoon the whole party adjourned to the large glass works of Messrs. Hartley.

THIRD GENERAL MEETING.

This meeting was held in the lecture-room of the Literary and Philosophical Society, Dr. Charlton, President, in the chair.

Dr. WATERS read the report of the Direct Representation Committee, which announces with satisfaction, that since the last annual meeting held at Leeds, the one-portal system, involving a good preliminary education and the passing of one fair but real and uniform examination, by everyone entering the medical profession, has been accepted by the Government, the General Medical Council, and the various medical corporations of the United Kingdom. The committee, while fully recognising and appreciating the importance of this advance in medical reform, have, however, to regret that the composition of the General Medical Council was in no degree improved or modified by the proposed Medical Act (1858) Amendment Bill of the present Government, although it was intended by that Act to give it enlarged powers. Under these circumstances, the Bill of the Government having been introduced into the House of Lords, the committee met in Birmingham on May 5th, and, in accordance with the trusts reposed in them by the Association, determined to oppose the Bill, unless the prayer of the Association for direct representation of the profession on the General Medical Council, to the extent of one-fourth of its members, was conceded; and with the view of obtaining this end they decided on not actively interfering for the present with the mode of representation of the universities and corporations. The committee go on to mention the steps taken to obtain the recognition of their views, and which resulted in the withdrawal of the Bill, after the first reading.

Dr. HUSBAND, of York, rose to move the adoption of the report, saying that it was altogether unnecessary for him to say one word in support of the principles contained in it, sanctioned, as they had been, by one annual meeting after another, and supported, as they had been, by petitions from the members of every part of the kingdom. He could not, however, forbear telling them how much their thanks were due to some of their members who, at considerable expense of time and money, had been mainly instrumental in bringing the powerful influence of the Association to bear on the Government and the members of the House of Commons in such a manner as it had never been done before. Through the exertions of Dr. Waters and Dr. Chadwick, both of whom had devoted much attention to the matter, the Association

had now got a position in the Legislature which would make it impossible for any Bill which had not first obtained their sanction to pass. He thought that they should elect a committee, and give them full power to act, when they would wield a power never wielded before, and the Government would see that the wishes of the Association were not to be disregarded in any Bill that should be passed.

Dr. A. P. STEWART seconded the motion for the adoption of the report. Discussion was adjourned.

The "Interim Report of the Committee appointed to investigate Antagonism of Remedies, with Experiments," by Professor Hughes Bennett, of Edinburgh University, was read. The learned Professor, having stated the reason why the committee were not in a position to present a complete report of the investigations made, proceeded to experiment on some live rabbits, and showed the gentlemen present the relative actions of strychnia and hydrate of chloral. Having given one rabbit the 150th part of a grain of strychnia, by which it was killed, he next injected the same dose into a second rabbit, as well as 12 grains of hydrate of chloral. The second rabbit, after having been thrown into a deep sleep, recovered, and appeared none the worse for the experiments made upon it.

THE PUBLIC DINNER.

The public dinner of the Association took place in the Town Hall in the evening, the President of the Association (Dr. Charlton) occupying the chair. The attendance was tolerably numerous, and the Chairman was supported on the right by the Sheriff of Newcastle (Mr. T. L. Gregson); Mr. J. Whipple, President elect; Professor G. E. Paget, Cambridge; Dr. R. W. Falconer, and Dr. Waters; and on the left by the Rev. Canon Whitley, Mr. W. D. Husband, Rev. M. Thornton, Durham; Dr. J. Beatty, Professor Acland, and Dr. Chadwick.

The proceedings of the evening were diversified with a selection of part songs and glees, ably rendered by the members of St. Peter's Glee and Madrigal Club; Mr. J. Wilson also contributing two or three characteristic local songs to the entertainment.

On Friday at least 250 members proceeded by invitation to Durham. The train started from the central station, Newcastle, at half-past 1, and arrived at Durham at 2. The party proceeded at once to the Cathedral, where they were received by the Very Rev. the Dean (Dr. Lake), by whom they were conducted to the convocation-room and library. Here a congregation of about fifty ladies had assembled, and, occupying one side of the room, gave to it, when the members had seated themselves, somewhat the appearance of a Quakers' meeting.

The degree of D.C.L. was then conferred upon the following gentlemen:—Edward Charlton, M.D., President of the British Medical Association, senior physician to the Newcastle Infirmary; Charles Chadwick, M.D., F.R.C.P., ex-president of the British Medical Association, and senior physician to the Leeds Infirmary; Randle Wilbraham Falconer, M.D., F.R.C.P., treasurer of the British Medical Association; Francis Sibson, M.D., F.R.C.P., F.R.S.; Henry Wm. Acland, M.D., F.R.C.P., LL.D., F.R.S., hon. physician to H.R.H. the Prince of Wales, Regius Professor of Medicine, Oxford; George Edward Paget, M.D., F.R.C.P., president of the General Medical Council; and Wm. Stokes, M.D., LL.D., member of the General Medical Council. Each gentleman, as his name was called, amidst much applause, was presented to the Dean by Dr. Embleton, who gave their names and titles. The Dean bestowed a few graceful and singularly felicitous compliments upon each, and then put to the house that they now consent to confer the honorary degree of D.C.L. upon this gentleman. Addressing Dr. Charlton, he referred to the distinguished honour he already possessed in having now attained the position of president of the Association and the high honour he was held in by his fellow-townsmen. Dr. Chadwick he complimented on having passed through the presidentship, and on his well deserved and prominent professional position at Leeds. Dr. Falconer, he said, was well known to all, and was a worthy son of a worthy father, who was also well known to science. Dr. Sibson, he said, was not only the author of various medical works of importance, but was associated with the London University, which had always shown itself associated with progress and liberal views in education. Dr. Acland, who was very cordially received, required, he said, no introduction on his part, as his great abilities and distinguished position at Oxford would make them proud to admit him to their honorary degree. Dr. Paget was complimented as holding a high position in a sister university, and as having always worked actively in promoting the advance of science. Finally, Dr. Stokes was called, and received a perfect ovation. The Dean, taking off his hat, warmly welcomed him, declaring that in admitting so distinguished a man to the honorary degree of D.C.L. of Durham they were conferring honour upon themselves, and passed a high encomium on his moral worth and dignity.

The room was soon cleared, and the company distributed themselves through, up, in, and around the glorious old building where lie buried the bones of the Venerable Bede and the more mythical St. Cuthbert.

At 4 P.M. a special service was held, of which it is not necessary here to say more than that the prayers were excellently intoned, that an anthem of Sebastian Bach was magnificently rendered by a remarkably good choir, and that a sermon was delivered by the Dean, which had the triple merit of being appropriate, well-delivered, and short. Dr. Charlton then kindly showed the members over various parts of the cathedral, Galilee chapel, refectory, kitchen, &c.

At 5 P.M. all adjourned to the Hall, a fine old room, calculated to dine as many more as were there, and in which it is said Wallace, disguised as a harper, played before King Edward. A capital luncheon, to which the members did full justice, had been provided by the Dean and Wardens, the former being supported on his right by Dr. Charlton and the Lord Bishop of the diocese. The "Church and Queen," the "British Medical Association," the "University of Durham," and the "Dean and Wardens," being successively toasted. The Bishop (Dr. Baring) returned thanks for the first toast, and took occasion to observe that his parish in London had comprised in Cavendish-square and Harley-street one of the great centres of medical activity, and that from Dr. Burrows, Mr. Paget, and Dr. Baly, he had formerly received, as well as from many other members of the profession, ungrudging assistance and ready help.

A few gentlemen once more, at a late hour, through the kindness of Mr. Robson, gained access to the interior of the cathedral, and wandered for a while amongst its massive arches and pillars.

Thus ended one of the pleasantest of the many pleasant days spent by the members of the Association during their visit to the north. One day more followed, occupied by an expedition to Warkworth and Alnwick Castles, which was attended by nearly 100 members, who were headed by Dr. Charlton, and most kindly received and entertained by Dr. Wilson and Dr. Fenwick, at the Northumberland Arms Hotel, Alnwick, and on Saturday evening Newcastle must have been pretty well cleared of her visitors. In concluding these observations, it is but just and right to say that the meeting has been an extremely successful one. The fact that 324 members entered their names in the book speaks for itself, and affords encouragement to towns that may be even still more distant from the metropolis.

The open-handed yet unostentatious kindness and hospitality shown by the members of the profession to their visitors, maintaining the traditions of their country, cannot be too strongly noticed nor thanked. Everyone will acknowledge the kind reception they obtained from Dr. Charlton, and from Drs. Nesham, Philipson, Heath, Arnison, and others; whilst the princely hospitality of Sir William Armstrong, the brilliant *soirée* of the Mayor and Sheriffs, and the delightful trips to Durham, Sunderland, and Alnwick, will long live in the recollection of every member of the Association.

The following abstracts of papers read in the various sections are additional to those we published last week.

Dr. W. ROBERTS (Manchester) read a paper "On the case of a Man who had a Vesicular Eruption on the Abdomen, which discharged at times great quantities of a Chylous Fluid." The patient was a clogger, aged forty-five. Two years and a half ago he suffered for six months from a succession of abscesses in various parts of the body. One of these was situated in the hypogastric region, and around the site of this, after it had healed, there arose an eruption

of vesicles, which gradually extended over nearly the whole of the skin of the lower half of the abdomen. These vesicles at first contained a transparent fluid, but afterwards this assumed a perfectly milky appearance. The vesicles were arranged in groups and singly, and varied in size from a pea to a pin's head. Sometimes the eruption was quite dry for days and weeks, but some six or eight of the largest vesicles often discharged immense quantities of a white milky fluid. This fluid coagulated spontaneously, and contained fibrin, albumen, and finely-divided fat, and cells resembling white blood-cells. This eruption remained—sometimes dry and sometimes discharging—without essential change, for a period of about two years. No local appliance nor internal medicine availed anything. The patient finally became tuberculous and died. A portion of the skin of the abdomen was removed after death, and it was found that the disease was situated in the cutis vera and the subjacent connective tissue. The altered part appeared to consist of a network of short channels or lacunæ, lined with spheroidal gland-cells. These communicated with each other, and with their vesicular expansions on the surface. This man passed chylous urine on two occasions, but no anatomical change could be detected in the urinary surfaces. The lymphatic glands in the groins and the lymphatic vessels were unaffected, and the lacteal system had no connexion with the eruption. Reference was made to the cases of Dr. Buchanan and Dr. Carter, and the bearing of the case on the pathology of chylous urine pointed out.

Mr. TEEVAN read a paper "On Spermatorrhœa." The author stated that true spermatorrhœa was rare, and was not usually caused by debauchery. Its most fertile cause was indigestion, for in that complaint the semen became attenuated, and the bowels constipated; hence spermatozoa were pressed out by the powerful contraction of the levator ani. Spermatorrhœa might also be caused by some local irritant, such as piles, prolapse of rectum, ascarides, &c. The occasional presence of spermatozoa in the urine was of no consequence; it was their continual daily appearance which established the pathological state. Microscopical examination could alone determine the existence of true spermatorrhœa, and for that purpose the lowest stratum of urine passed during or after defecation ought to be examined. The endoscope was of no diagnostic value in spermatorrhœa; the *bougie à boule* would, however, reveal the state of the veru montanum. The less its sensibility the worse the prognosis. A cure could nearly always be effected by the application of galvanism, or a solution of the nitrate of silver, five grains to the ounce, to the veru montanum. Either of these agents ought to be used every other day till marked benefit ensued. Laxatives and enemata of cold water would also be required. Much walking and bromide of potassium were most injurious to patients suffering from any form of spermatorrhœa. Returning nocturnal emissions were a sign of the abatement of the disease, for so long as spermatozoa were passing away without the patient's knowledge he had no sexual desire or power, or pollutions. When, however, the spermatozoa were retained for any length of time, their presence would give rise to sexual manifestations. Coitus was most injurious in this complaint, and ought to be forbidden. When the patient was cured, he ought to lead a continent life for three months, as relapses were common. If, at the end of that period, there was evidence of the possession of sexual power, as shown by erection or nocturnal emission, the patient might with safety marry. Mr. Teevan then described false spermatorrhœa, which was very common, and evinced itself as too frequent nocturnal emissions, diurnal emissions, and the passage of semen or prostatic fluid during defecation or periods of excitement.

Mr. WALTER WHITEHEAD, of Manchester, read a paper on "Mucus Disease." This disease, though noticed by some of the ancients, and described by a few of the more modern physicians, has received but occasional recognition even in the best of our standard works on medicine. Out of some hundred and twenty writers, who refer to the disease, barely half-a-dozen describe it under the same name. Celsus, Fernel, Van Swieten, Berenger, Plater, Seunert, Gabucinus, Morgagni, Bonnet, Brunner, Marcard, Stoll, Theden, and more recently Kämpf, Powell, Good, Gendrin, Simpson, Graves, Cruveilheir, Todd, Clark, and Perroud, may be mentioned as the principal authorities on the subject. The disease is characterised by the secretion of mucus of an abnormal composition on mucous surfaces, in which condition the mucus is prone to consolidate into masses, shreds, or tubular casts. These secretions form and exfoliate periodically, each exfoliation being critical and immediately followed by an amelioration of the symptoms which aggravate tip to this point. This critical period is accompanied by pains of a spasmodic character and of variable intensity. The subjective symptoms are those of a most distressing nervous nature. The disease, read in accordance with modern research, may be formulated as follows:—1. The proximate cause of the symptoms referable to this disease is the hypersecretion and accumulation of mucus on the free surface of mucous membranes; such accumulations sheathe and prevent the healthy performance of the functions natural to the part, and thus induce immediate and remote results, the effects of such suppressed functions. 2. That this hypersecretion indicates a want of balance between nerve-force and germinal matter. 3. That the nerve-force is perverted by irritation. 4. That the exciting causes are numerous. 5. That it is a character of mucous secretions under the influence of irritation for its cells elements to increase, and its viscidity to diminish. 6. And that, in the disease in question, the prolific cell-formations become entangled in the albuminous fluid in which they are found, and present the membranous structures before referred to. The principal points in the treatment are as follows:—1. Discover and counteract any cause either in direct contact or in the immediate vicinity of the secreting surface which can be traced as a source of irritation. 2. Reinvigorate the strength, and allay the nervous irritability. 3. Remove the accumulated mucus. 4. Prevent, by topical application, its re-formation. Such is a sketch of a disease, most serious in its import to the patient, and of far from unfrequent occurrence. True, the treatment is still in its tentative stage, but we are clearing the way for sounder views on the subject, by accurately laying down the causes and symptoms of a malady which one cannot doubt is constantly mistaken for one of the hydra forms of dyspepsia, and by the erroneous treatment resulting from this mistake, the first or curative stage of the disease is allowed to pass into the later and more lethal forms.

Dr. CAMPBELL BLACK (of Glasgow) read a paper "On certain Circumstances which contribute to impede the Progress of Scientific Medicine and Surgery." The author divided his subject into—1. Circumstances that refer to the practitioner of medicine. 2. Circumstances that refer to the public. 3. Circumstances that refer to the peculiarity of the pursuit. Under the first head Dr. Black referred to the mischievous effects of modern specialism, in multiplying names, and varying treatment, without attempting to explain the principles upon which treatment ought to be conducted. He illustrated his remarks by an adverse criticism on dermatology, ophthalmology, and gynæcology. Under the second division he referred to the influence of fashion in medicine. He contended that there was a class of medical men who, during a lifetime, never formed comprehensive or elementary notions of disease or treatment, but introduced or followed in the course of every novelty that individual vanity called forth. He descanted on the reprehensibleness of what he termed precipitate diagnosis for effect, and contended that it was unworthy of any medical practitioner. He did not actually oppose the introduction of novelties, but held that medical science has now reached a stage at which their introduction is empirical. Under the third division of his subject he referred to the difficulties that the scientific study of medicine presents in arriving at correct conclusions. He indicated how the various sources of fallacy might, in his opinion, be best eliminated. That the natural history of diseases ought to be more studied, and that, by contrast, the influence of remedies, other things being equal, might be thus rendered more certain. The section accorded Dr. Black a unanimous vote of thanks for his very suggestive paper.

Dr. PROTHEROE SMITH read a paper "On the Exhausting Needle-trocar, a means for the Diagnosis and Treatment of Tumours and Effusions." He reverted to his former exhibition, in 1867 and subsequent years, of his needle-trocars on a small scale, in order to introduce the description of a much larger and more complete instrument he now exhibited. The instrument consists of a large receiver,

which, when exhausted of air, is connected with a fine exploring needle-trocar by means of an elastic tube, a portion of which near the needle is of glass. The tube and receiver are both closed with stop-cocks. To use the apparatus, the receiver is well exhausted, the needle introduced into the tumour, the tube is attached, and on the taps being turned on the fluid rapidly flows into the receiver, passing through the glass portion of the tube, by which its character can be easily detected. By means of this instrument a cyst can be emptied without the least admission of air; and, without removing the trocar, fluid may be injected. There is scarcely a portion of the body, however delicate, that cannot be traversed with these fine needles, with no risk of subsequent mischief.

Mr. FURNEAUX JORDAN read a paper "On the Treatment of Enlarged Lymphatic Glands." The numerous modes of treating enlarged glands are remarkable chiefly for their want of success. The method now proposed, if carefully carried out, the author had never known to fail. The ordinary enlargement of lymphatic glands is due to inflammatory action. By far the most efficient remedy in inflammation of any organ is counter-irritation, if only it be established in the *proper locality*, and to a proper extent. A blister will cure bursitis when nothing else will, and inflammation of a bursa does not differ from other inflammations. In enlarged glands, as in abscess, carbuncle, boils, and erysipelas, the best locality for counter-irritation is *not over* the inflammation, but around it or adjacent to it—in short, in an independent vascular region. In enlarged cervical glands, a large patch of iodine irritation at the back of the neck, which may be prolonged below the glands (as in diagram), will certainly prove successful in a short time. A shot-bag, as heavy as can be tolerated, should be applied over the glands at intervals during the day, the patient being for this purpose in the horizontal posture. Many cases might be cited. One, a representative one, under the care of an impartial and competent observer, will suffice. Dr. Hickinbotham, of Nechells, had under his care a man with enlarged cervical glands, which, for three years resisted the careful trial of every known treatment. Dr. Hickinbotham then, adopting Mr. Jordan's views, established a patch of counter-irritation at the back of the neck. In three weeks all enlargement had disappeared. One of the advantages of counter-irritation is this—it gives certain and immediate relief to pain. The persistent tormenting pain of a carbuncle, for instance, may be instantly relieved by a ring of counter-irritation with its transitory smarting.

Dr. PROTHEROE SMITH read a paper on "Recent Improvements in the Pelvic Band." He shortly enumerated the advantages of the pelvic band in labour, pointing out the muscular deficiency it was designed to obviate—viz., that of the voluntary abdominal muscles in relation to their conjoined action with the involuntary uterine, mentioning that in his practice it had fully equalled if not surpassed his expectations. Glancing at its construction, he detailed the improvements he had lately made—viz., fastening the steel bands to the pubic pad by screws, thereby rendering them less liable to slip; the mechanism whereby the bands are disengaged from the sacral pad is made more effective, and instead of the belt being buckled to the transverse springs it is divided into three portions, and is easily tightened by three separate straps running through rollers at the end of the springs and on the belt, thereby obtaining three distinct directions of force—viz., depressing, constricting, and uplifting; in this sense corresponding with the natural action of the abdominal muscles—capable of being employed either separately or conjointly. To produce greater comfort to the patient, a caoutchouc cushion is placed underneath the sacro-lumbar springs, and also beneath the lower portion of the abdominal belt.

Dr. GRAILY HEWITT read a paper "On Strangulation of the Uterus." Strangulation of the uterus is that condition of the organ in which the circulation is mechanically and forcibly interfered with, the result being acute congestion of the body of the uterus, and various secondary effects. This strangulation is present when the uterus is forcibly bent upon itself, most markedly when it is bent backwards. It is a marked feature in most cases of flexion, and it is acute or chronic according to the circumstances. It occurs as a necessary result of acute flexion, the arteries, but more particularly the veins, being partially occluded by the bending of the uterus. The acute pain and tenderness of the body of the uterus in such cases are due to it. The nerves are also pressed upon at the seat of the flexion. It is the opinion of the author that this strangulation of the uterus is a principal pathological element in all cases where hysterical convulsive attacks are observed, the acute congestion of the uterus determining directly and indirectly the occurrence of the convulsive seizures. Strangulation of the uterus and chronic inflammation of the uterus are intimately related, and mutually co-operate in giving rise to the various sufferings present in so many cases of uterine disease.

A paper was read by Dr. MACLEAN "On the Treatment of Hæmorrhoids by the Taxis." The author remarked that hæmorrhoids are extremely common, but that we are rarely called upon for advice till the disease has assumed a stage in which ordinary remedies are of no use, and active procedure is necessary. He referred to the description of hæmorrhoids given by Erichsen, to the correctness of which he testified. From this it appears that all kinds of piles are composed of a sac or cells with fluid contents; and so long as this remains the suffering persists. An obvious though hitherto unnoticed plan of treatment consists in supporting the weakened walls, and then emptying the sac in the mode usually adopted in the case of hernial tumours. He was led to the discovery of its efficacy from employing it in a case of piles occurring during labour. The method he proposes consists first in getting a free evacuation of the bowels by some aperient medicine, and when the effects of the medicine have passed off, he orders the parts to be well fomented for a few hours, to relieve as much as possible the irritation and spasm of the parts. He then proceeds to apply the taxis to the tumour. Taking a piece of soft, well-oiled cloth, and grasping one of the tumours—if there be more than one—with two fingers and the thumb, thereby encircling the enlargement, and curving the fingers so that they cover the fundus of the pile, he proceeds to press the tumour towards the mouth of the sac, with a kneading motion, continuing for a little time until he finds the swelling become gradually smaller under the manipulation, and there only remains the thickened integument, and whatever effusion of serum may have taken place into the cellular tissue. In the beginning of the application of this process the pain is sometimes considerable; but as the tumour becomes emptied, the pain decreases, and when fully reduced a great sensation of relief is experienced. Having completed the reduction of the first hæmorrhoid, the same procedure is applied to the others in rotation; and the whole being reduced, astringent lotions or ointments are applied to the part, and the operation is complete. In internal piles the application of the taxis is conducted in the same manner; but here it is necessary to cause the extrusion of the tumours, and this can be done, as in the removal by the ligature, by passing an injection of tepid water into the rectum, and then getting the patient to expel them by straining, when the same process is gone through as in external piles, and on the return of the bowel attention is given to the constitutional disorder, and an injection of astringent lotions, &c., is administered.

Dr. R. RENFREW (of Glasgow) read a paper "On Scarlet Fever, with especial Reference to Pathology and Treatment." Scarlet fever is one of the zymotic diseases. The zymotic diseases are produced by an organised substance entering the body, which has the power of multiplying itself. In multiplying itself the blood is disordered, the nervous system deranged, the circulation quickened, and the secretions and excretions are changed. The poisons of the zymotic disease are not thrown off by the usual eliminating organs, but each poison is eliminated by a particular part of the body—small-pox by the skin, cow-pox at the point of introduction, enteric fever by the lower part of the ileum, scarlet fever by the fauces and nose. When the poisons are thrown off there is always irritation and inflammation. As the poison of scarlet fever is thrown off by the fauces and nose, a large portion must pass into the stomach to be reabsorbed, intensifying and prolonging the disease. The remedies given in scarlet fever should be those that will destroy the poison; moderate and assist physiological changes. To accomplish these ends a mixture of chlorate of potash and tincture of steel is given, which contains chlorine, muriatic acid, iron, and chlorate of potash. The chlorine destroys the poison; the acid supplies acid to the

blood, which is in a subacid condition; the iron improves the red discs, which are in a black and melanosed condition; the chlorate of potash supplies oxygen, to assist in oxidising the disintegrated material that is floating in the blood.

Dr. BELL TAYLOR read a paper "On the Forcible Introspection of Women by Governments." He strongly condemned the Acts of 1866-8-9, as being a cruel as well as a needless infringement of the natural rights of the subject. In Paris, where a similar law had been a long time in operation, there was a greater amount of the disease, in proportion to the population, than in London.

The CHAIRMAN said this was a subject to which he had paid particular attention, as it went really to the root of our social life. As being connected with hospitals, first in Salford and next in Manchester, he had seen a great deal of the disease and its effect on the poorest of the population. He was surprised to hear the statistics quoted by Dr. Taylor, and all he could say was that the statistics which had fallen under his knowledge showed results directly opposed to those arrived at by Dr. Taylor.

Correspondence.

"Audi alteram partem."

THE SICK CLUB SYSTEM.

To the Editor of THE LANCET.

SIR,—I shall be much obliged if you will kindly favour me with space in your valuable journal for some remarks on the sick club system as carried on in this neighbourhood, and with any observations you may think proper to make on the subject.

My brother and I are practising in a thinly-populated rural district, and reside about five miles from each other. In this district are many sick clubs, Odd Fellows and other friendly societies, each little village having its clubs, for men and women, which are generally held at the public-houses. Connected with these clubs have been two evils which we have for some time been trying to remedy: first, the small amount of pay; secondly, the admission into some of the clubs of persons who are well able to pay for medical advice.

First, as to the pay. About a year ago we applied to all the clubs to raise their terms from 3*s.*, or 3*s.* 6*d.*, to 4*s.* per member per annum, thinking the latter sum, although not very remunerative, was perhaps as much as a labouring man earning 12*s.* or 14*s.* a week could afford to pay. This in every case has been agreed to, in some cases very willingly, but in others not without much wrangling and dissatisfaction.

Then as to the second evil. In some of the old friendly societies, both men's and women's, it was the custom for many years for the farmers and their wives, with their grown-up sons and daughters residing in the neighbourhood, to become what they call "free members"—that is, not receive anything from the club funds when sick, but claim the services of the doctor; they paid 9*s.* 6*d.* a year to the club, and out of this 9*s.* 6*d.*, 3*s.* was paid to the doctor, 2*s.* 6*d.* for the club dinner, and the balance went into the club-box. This we determined to put a stop to. After having repeatedly mentioned the subject to the farmers themselves in vain, and when applying for an increase of salary, we offered to continue to attend all those farmers who were then in the club, but refused to attend, as club patients, any fresh ones they might admit. They were not willing to consent to this arrangement, and requested me to be present at a special meeting called to consider the question, where I found many of the members intoxicated, and so unreasonable that I had no other resource but to give up the club altogether. They then obtained the services of a medical man who resided four or five miles further away, at 4*s.* per member, he agreeing to take all classes and attend two days a week in the village where the club is held. About six months afterwards, finding this arrangement did not answer their expectations, some of the ordinary members came to ask me to take the club on the terms I had originally proposed. The matter was now in my own hands, and I agreed to attend all those members who ought to be in clubs at 4*s.* per member, but refused to attend as club patients any of the large farmers I considered were able to pay for themselves.

This same question has again arisen in an Odd Fellows' lodge, a branch of the Manchester Unity, numbering about 120 members. They state that there is nothing in their rules to prevent them admitting any persons as subscribing members, no matter what their position, and that we are bound to attend all members who choose to send for us. In this club are about eight or ten we object to attend as club patients, but who expect us to attend them on club terms; one is a farmer paying more than £300 a year rent, the owner of a farm of twenty or thirty acres, also of cottage and other property; another milks from forty to fifty cows; a third is landlord of the house where the club is held, the principal inn in the village, and a farmer; the rest are all farmers paying over £200 a year rent. At a meeting that was convened to consider this matter on July 25th, we explained to them the injustice of their expecting us to attend such persons, and proposed that they should add to their bye-laws one to the effect that all persons who are in such a position of society that they can afford to pay the customary charges of medical men should not be placed on the doctors' list, but should be entitled to all other benefits of the lodge. This they refused to do. These farmers do not care about the other benefits of the lodge, and only join that they may obtain the services of the medical men, and be the principal personages at the social meetings, where they are welcomed and looked up to by the other members, often their own workpeople. We then told them, as in the former case, we were willing to attend all those persons who should properly be in clubs, but positively refused to attend the persons we object to on club terms. They then decided that they would advertise for another doctor, and there at present the matter ends.

I do not suppose that the honour of being appointed surgeon to an Odd Fellows' lodge under such circumstances will be a sufficiently tempting bait to a stranger, and I may say that all our professional brethren with whom we have conversed on the subject have expressed their approval of the course we have adopted. I believe, also, that with the single exception of the medical man above-mentioned, we have the hearty co-operation of all the medical men in the neighbouring towns, most of whom complain of similar abuses as existing in their own clubs.

With every desire to act liberally towards the working classes, and encourage in them provident habits, we must protect ourselves from an imposition we have too long quietly submitted to; and the difficulty we ourselves feel in this matter is where we should draw the line—how we should decide who should be in clubs, and who should not. This is a question that affects the whole body of general practitioners, and is an important point to decide, especially with reference to Odd Fellows' and Foresters' lodges, which are rapidly increasing in numbers and influence, as well as in the social position of their members; and any suggestion of yours or of any of your correspondents on this subject will greatly oblige,

Your obedient servant,

E. T. TYLECOTE, M.D.

Great Haywood, Stafford, August 2nd, 1870.

*** The "Sick Club" system requires reform. Whilst on the one hand the remunerative arrangements are extremely unsatisfactory, on the other the requirements of the labouring classes are not met. The question is one of general social interest. In most villages there are male and female sick clubs, but there are none which provide for medical attendance on the children and those who, after all, require the most attention—viz., those who are not considered eligible for admission into ordinary clubs on account of physical defect. Any really good system for providing against sickness should embrace every member of the labouring class, and the payment required must be suited to the means of all. The amount is, no doubt, of considerable importance, but above all

things it must not be oppressive and deterrent. It is doubtful if such associations, if composed of labourers only, can be really self-supporting, but in the interests of the profession it is absolutely necessary to institute some marked distinction between those who may be allowed the privilege of joining in this principle of mutual self-help, and those who are able to provide completely for themselves. Landowners and occupiers should be asked to assist those who strive to help themselves, and so enable the labourer to sustain his independence as far as his means permit. At present, when the child of a labourer is ill, there is no medical provision made for him, and there is no resource but a parish order. We look upon the institution of provident dispensaries as the proper remedy, and we would direct the attention of our readers to that of Rugeley, as being an example it would be wise to follow. Out of a population of 8000 persons, upwards of 2000 subscribe to the provident dispensary. The benefits are provided for the truly labouring classes, and the committee, of which the medical officers are members, exercise the right of excluding persons who in justice ought to pay their own doctors' bills. The rich are ready to help. There is a good building fund, and a cottage hospital will soon be erected, into which the contributing members will be admitted as of right on the payment of a small fee for maintenance. Without, therefore, directly quarreling with the existing Club system, which, imperfect as it is, has nevertheless been productive of great good, we would suggest the establishment of a provident dispensary. An association such as we propose would of course put itself in communication with the central executive of the Foresters, Odd Fellows, &c. They would point out that all the medical requirements would be provided for the members at the new institutions, which in addition would embrace their children. And they would not interfere with the privilege of electing free members, or other persons of superior means, who wish to patronise these valuable institutions by their presence or subscriptions. If the central executive would permit local lodges to join provident dispensaries and cottage hospitals, they would have the advantage of a far more efficient medical system than is now provided for them, and the profession would be regarded in a better light; for it cannot be doubted that a sort of suspicion occasionally exists that "Club patients," like paupers, have a special sort of treatment.—ED. L.

PARIS.

(FROM OUR SPECIAL CORRESPONDENT.)

A FEW days ago I was informed at the Central Committee of the International Society that their latest intelligence from the seat of war included the news that the first ambulance had got beyond the French lines and were in the midst of the Prussians, taking care of the wounded of both nations, after Forbach and Stering. Since then the second and third ambulances have left Paris. It may be well to state that the second ambulance, which cost at least 300,000 francs, was entirely equipped by the subscription raised by the French press, and therefore bore the name of the *Ambulance de la Presse*. M. Marc Sée, chief of the anatomical works of the Faculty, is at the head of the second ambulance; whilst M. Ledentu, a young hospital surgeon of great distinction, has taken the direction of the third. The Society, through the extreme rapidity of the campaign, and its fearful results on human life, is doing its best to equip, as speedily as possible, at least three more ambulances; but its coffers are now nearly exhausted, and therefore it has issued an appeal to the friends of humanity at large to enable it to continue the good work it has commenced.

To give you an idea of the importance and arrangement of each ambulance, I may just mention that the *Ambulance de la Presse*, for instance, which took its departure on Thursday last, included 1 chief surgeon (M. Sée), 4 surgeons, 9 assistant-surgeons, 13 under assistants, 2 Catholic and 1 Protestant chaplains, 4 accountants, 60 dressers, 1 piqueur, and ten conductors. Among the various objects included in the materials may be noticed the surgical cases and cantines, 40 splints for the lower extremities, as many for the arms, a barrel of camphorated alcohol, one of rectified spirits, a case of chinchona wine, one of old Burgundy, an apparatus for fabricating ice, &c., not to mention, of course, the tents, the kitchen utensils, and a hundred other things of medical or general use.

One part of the International Society scheme which has worked wonderfully well is the organisation of hospitals either along the railway lines or in the villages and towns of the neighbouring departments. The town of Strasbourg has afforded 2000 beds, and that of Nancy 1200. The department of the Haute Saone has already prepared 200 for the Society, that of l'Aube 500, Doubs 622, &c. There is a work of rotation carried on: those who are more slightly wounded are immediately sent off to the town hospitals, or they receive prompt attendance in the small neighbouring hospitals, and are transferred afterwards to the more remote establishments. These arrangements constantly leave a space open for the freshly wounded, or those who are so grievously hurt that they could not be safely subjected to a removal. Notwithstanding all these arrangements, however, much remains to be done; and Nélaton, who has just returned from Metz, has observed to several of his colleagues of the Senate that more than 500 wounded, who had been sent to châteaux and private residences in the neighbourhood of Nancy, had not received any medical attendance for the want of medical officers.

There is still great complaint here among the medical men and students of the town against the commissariat authorities, who have taken no steps with regard to the employment of those who, answering the appeal of the Government, had given in their names as ready to take service in the field or the various hospitals. This can scarcely be accounted for when the great deficiency of medical succour is considered. Upwards of 1300 students, who had passed a preliminary examination at the Val de Grâce before the army surgeons, as enforced by the Commissariat authorities, have not yet been told when and where they might expect to be employed. Their situation is so much the more disagreeable as they are called upon as citizens to take military service either in the *garde mobile*, or other corps, and so do not know whether they will eventually turn out medical or military servants. They are now, therefore, memorialising the Government, so as to be extricated one way or other from their dilemma.

Whilst speaking of the students, I may notice *en passant* two facts connected with the war. The Assistance Publique has been compelled to postpone to an indefinite period the *concours* for the dresserships, the house-surgeoncies, and even the posts of hospital surgeons, which were to take place a few days hence. On the other hand, the School of Medicine has taken a similar course in regard to the ceremony of the closing of the Faculty, with its usual accompaniments of distribution of prizes, reading of panegyrics, &c. Before closing its doors all the professors met, however, and sent in a declaration to the Government, saying that the whole School of Medicine, professors, vice-professors, and students, were entirely at the disposal of the State, in view of the present emergencies.

The wounded are beginning to arrive in Paris in not inconsiderable numbers. This has brought on a change in the arrangements of the various military hospitals. Thus the Val de Grâce and Gros Caillou have sent the sick soldiers which they contained to the Invalides, leaving almost all their space open to the wounded. All the army surgeons attached to the military hospitals have left Paris for the frontiers, and several of the surgeons and physicians to the ordinary Paris hospitals have been called upon to take charge of the wounded at the Val de Grâce and Gros Caillou.

The Government is beginning to take the needful precautions in order to provide Paris with the necessaries of life in view of a prolonged siege. The bakers of Paris have been called upon to increase their purchases of flour. Several of the large stables attached to the numerous bar-

racks of the town are being now stocked with cattle; and a proper provision of drinkable water is to be made. Notwithstanding the anxiety and bustle of life here since the beginning of the campaign, and especially since the defeats sustained by the French, the health of Paris remains comparatively good.

Paris, August 18th, 1870.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND. — At a meeting of the Council on the 11th inst., the following Member was admitted a Fellow of the College:—

Banister, George, H.M. Indian Army; diploma of Membership dated December 2nd, 1840.

The following are the names of the candidates who passed the preliminary examinations for the Fellowship of the College, on the 21st, 22nd, and 23rd June last:—

Edward M. Delataste, John W. Ley, William J. Acton, Sidney A. Bernays, Francis Bowe, Thomas Burton-haw, Charles S. W. Cobbold, F. Collins, P. W. Delamotte, Herbert Duke, William A. Dunn, William F. Elliott, Henry F. Eastall, Arthur C. Haden, Frank G. Heyman, George H. Hume, Alfred James, A. B. Kelly, Alfred Lingard, Thomas A. McCullagh, Milner M. Moore, E. Morris, William Peel Nesbitt, John S. Nickoll, Robert Patrick, Alfred Phillips, Henry W. Roberts, G. H. Ross, J. R. Rouch, Leonard Rudd, B. R. Rygate, John D. St. George Savinon, Barthold Schlesinger, John A. Sharp, Herbert W. Shaw, Peter S. Spokes, James Startin, Henry A. Shera, William J. Tyson, William R. H. Stewart, Lloyd B. Ward, Frederick W. Young, Robert L. Tait, John Llewellyn Treharne, William E. Webb, G. R. Saunders, John C. Jackson, William Henry Williams, Thomas D. Harries, Frederick C. Hewett.

The following candidates also passed the preliminary examination for the Membership of the College on the above-named days:—

Thomas H. Bamfield, H. G. Barron, J. D. Alexander, W. L. Allott, H. H. Bathe, J. T. Bavill, R. F. Bell, W. M. Beaumont, F. Blackmore, Alexander Boswell, William H. Cadge, Alfred Chadwick, W. J. B. Chick, Robert Podmore, John Christian, J. D. Bell, J. E. Clayton, A. T. Coombe, William E. Cree, Thomas F. Cozens, Joseph U. Downing, Harry Davis, E. J. Day, O. L. Fernandes, H. B. Ellis, D. T. Evans, A. V. Ford, Reginald Golding, D'Oyly J. Good, N. Govett, T. N. Griffith, E. J. Gurdon, E. W. Haines, C. G. Heard, J. M. Hobson, Augustus Hewett, Joseph H. Hodson, J. H. Heygate, H. J. Hind, Edward Houlbrook, Henry Howells, Arthur A. Jackson, Francis R. Howse, S. J. Hutchinson, S. W. J. Joseph, H. F. Lancaster, C. G. Lee, E. C. Leavens, J. R. Leeson, Samuel H. Lyle, Sidney May, S. B. Mason, J. M. Moody, Joseph Needham, A. C. Norburn, E. S. Newton, Alan Owston, J. Pointon, W. M. Pooley, G. F. Poynder, J. H. Pritchard, Edwin Lee, C. E. Prouget, H. A. Pycock, A. W. M. Robson, Philip Smith, E. A. Snell, E. J. Spitta, W. Squire, F. G. Stevens, W. B. Smith, Walter Strover, A. J. Sturmer, J. B. James, W. J. C. Swift, L. L. Thaine, D. V. Rees, W. C. Theed, J. C. Towle, J. H. W. Stevens, G. G. S. Taylor, Edmond Symonds, William M. James, C. M. Jones, Arthur Thurle, A. H. Turning, K. S. Wallis, J. S. Pearse, W. H. Wolburn, Thomas Wakley, E. H. Williams, W. White, James H. Turtle, F. Watts, H. A. Wickers, F. Williamson, W. M. Jones, David Williams, J. L. Wilson, E. Buckell, W. C. L. Peyton, Thomas Chant, J. J. Haverson, C. E. Pope, J. H. Nott, A. J. Adams, W. R. Basham, A. A. Blakiston, W. F. F. Boase, M. B. Evans, F. J. Elliot, Thomas Gregg, W. H. Hall, G. C. Harding, F. J. Hawken, Percy Iliff, John Arthur Kempe, E. R. Mansell, H. S. Michell, M. V. Stace, S. J. Thomson, T. J. Irvine, and Horace Manders.

APOTHECARIES' HALL. — The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on Aug. 11th:—

Roberts, Richard Lawton, Ruabon, North Wales.
Thornton, Philip, Dockyard, Chatham.

As Assistant in Compounding and Dispensing Medicines:—

Waring, Albert Wynne, Walworth-road.

The following gentlemen also on the same day passed their first professional examination:—

Briggs, George, Chapman, King's College.
Fenn, Charles Draper, Guy's Hospital.

NAVAL MEDICAL SERVICE. — The following are the names of the successful candidates who passed the recent competitive examination held at the London University between Aug. 8th and 11th, in the order of merit in which they passed, and with the number of marks obtained:—

	No. of Marks.
Browne, S. Haslett, M.D., Queen's College, Belfast	2435
Colahan, W. H., M.D., Queen's College, Galway	2235
Harvey, Christopher, Westminster Hospital	1905
Alloway, T. Johnson, McGill University, Montreal	1875
Haines, C. Henry, M.D., Queen's College, Cork	1795
McCalman, R. Gilmour, M.B., University of Aberdeen ...	1770
Campbell, John, M.B., University of Glasgow	1745
Taylor, Frederick, M.B., University of Dublin	1395
Fitz-Maurice, N. Fitz-Henry, Queen's College, Cork ...	1325
Haslett, Frederic Wm., Guy's Hospital	1325

INDIAN MEDICAL SERVICE. — The following is a list of candidates who were successful at the competitive examinations at Chelsea in February and at Netley in August, 1870, after having passed through a course at the Army Medical School, Netley:—

	No. of Marks.
*McConnell, J. F. P., London and Aberdeen	5855
O'Brien, J., Dublin and Cork	5215
McDonnell, J. O'M., Galway	4878
Reid, J., Glasgow	4653
Mackenzie, G. P., Edinburgh	4418
Sibthorp, C., Dublin	4110
Laing, J. A., Edinburgh	4065
Cook, H. D., Edinburgh	3988
Peterson, R. A., Dublin and Galway	3941
Weir, T. S., Dublin	3681

* Has been awarded the Herbert Prize.

MEDICAL REFORM UNION.—The "Retrospect" of the Provisional Executive will be sent to any member of the profession who may forward his address and a postage stamp to Mr. Lloyd Owen, 9, Easy-row, Birmingham. Subscriptions will be gladly received by the same gentleman, or by Mr. Arthur Oakes, the Treasurer, 9, Old-square, Birmingham, towards discharging the balance (£12) still due on the Birmingham Memorial for the Amendment of the Medical Acts.

INTERNATIONAL EXHIBITION OF 1871. — We are requested by her Majesty's Commissioners to state that there is no foundation for the rumour that the International Exhibition appointed for 1871 is to be postponed by reason of the War. The first of the series of Annual International Exhibitions of Selected Works of Fine and Industrial Art and Scientific Inventions will take place next year as already announced.

Medical Appointments.

ADAMS, W. P., M.R.C.S.E., has been appointed Medical Officer for District No. 2 and the Workhouse of the Medway Union, vice John James Ely, M.R.C.S.E., resigned.

ALLEN, P., M.D., F.R.C.S.Ed., Aural Surgeon to St. Mary's Hospital, has been appointed Aural Surgeon to the Royal Society of Musicians.

BELL, P. H., M.D., has been appointed Medical Officer for District No. 3 of the North Bierley Union, Yorkshire, vice Joshua Machill, M.R.C.S.E., deceased.

BRENNAN, R., M.R.C.S.E., has been appointed Medical Officer for District No. 5 of the East Ashford Union, Kent, vice F. W. Pittock, M.R.C.S.E., resigned.

BROWN, W., M.R.C.S.E., has been appointed Resident Medical Officer and Apothecary to the Eastern Dispensary, Bath, vice A. Wm. Coppinger, L.R.C.P.Ed., appointed Resident Medical Officer at the Mineral-water Hospital, Bath.

CAMPBELL, C. M., M.D., has been appointed Medical Officer for District No. 6 of the Upton-on-Severn Union.

CARTER, H. F., M.D., has been appointed Hon. Physician to the London, Brighton, and South Coast Railway Provident Society, vice Thomas B. Phillips, M.D., deceased.

CLARKE, F. E., M.B., has been appointed Medical Officer for the Oughterard Dispensary District of the Oughterard Union, Co. Galway, vice W. W. Brereton, L.K.Q.C.P.I., resigned.

DAVIS, G. H., L.R.C.P.Ed., has been appointed Medical Officer for District No. 5 of the Basingstoke Union, vice F. Isod, M.R.C.S.E., resigned.

DAVY, R., F.R.C.S., has been appointed Demonstrator of Anatomy to the Westminster Hospital School.

EAGER, T. C., M.R.C.S.E., has been appointed Resident House-Surgeon at the Westminster Hospital, vice C. M'Cann, M.R.C.S.E., whose appointment has expired.

ELLERY, R., L.R.C.P., &c., of Ridgway, Plympton, has been appointed certifying Surgeon of Factories for the District of Plympton, Devon.

GALPIN, Mr. R., has been appointed House-Surgeon to the Royal Berkshire Hospital, Reading, vice Wm. Alex. Slater Royds, L.R.C.P.L., resigned.

HERBERTSON, R. G., L.R.C.P.Ed., L.F.P. & S. Glas., has been appointed Parochial Medical Officer for the Parish of Cumnock, Ayrshire.

MARTIN, E. N., L.K.Q.C.P.I., has been appointed Medical Officer to the Anglo-American Telegraph Establishment, Newfoundland.

MORISON, J., M.D., has been appointed Medical Officer for the Broughton West District of the Ulverstone Union, Lancashire, vice J. B. Oliver, M.R.C.S.E., resigned.

PARMITER, Mr. H., has been appointed House-Surgeon and Secretary to the Staffordshire General Infirmary, Stafford, vice Geo. Rolph Raine, M.B., resigned.

RENDLE, Mr. R., has been appointed Surgeon to the Royal Infirmary for Children and Women, Waterloo-bridge-road, vice J. Cooper Foster, F.R.C.S.E., resigned.

ROBERTS, S. R., M.D., has been appointed Medical Officer for District No. 9 of the Croydon Union.

RUTHERFORD, W. J., L.F.P. & S. Glas., has been appointed Medical Officer for District No. 7 of the North Bierley Union, Yorkshire, vice R. Aspinall, M.R.C.S.E., deceased.

SUCKLING, Dr., has been appointed Honorary Medical Officer to the Blue-coat School, Birmingham.

SWANEY, H. R., M.B., L.R.C.S.I., lately Assistant at Professor v. Graefe's Ophthalmic Hospital, Berlin, has been appointed Ophthalmic Surgeon to the Adelaide Hospital, Dublin, vice J. H. L. Stoney, M.D., resigned.

SYKES, W. J., M.D., has been appointed Medical Officer for the Liversedge District of the Dewsbury Union, vice J. Whitworth, M.D., deceased.

TRUMAN, S. J., L.R.C.P.L., has been appointed Medical Officer for the Ripingale District of the Bourn Union, Lincolnshire, vice H. Lambden, M.R.C.S.E., deceased.

WYBORN, Mr. S., has been appointed Dispenser at the Royal Infirmary and Dispensary, Windsor, vice Bingham, resigned.

Births, Marriages, and Deaths.

BIRTHS.

ARGLES.—On the 14th inst., at Hermon Lodge, Wanstead, the wife of Dr. Argles, of a daughter.

BROWN.—On the 10th inst., at Uppingham, Rutland, the wife of Frederick Warren Brown, M.R.C.S.E., of a son.

CLAPP.—On the 7th inst., at Cork, the wife of Dr. Clapp, 54th Regiment, of a son.

COATES.—On the 17th inst., at Malvern, the wife of F. W. Coates, M.D., of a son.

COWAN.—On the 12th inst., at West Mill, Musselburgh, the wife of Michael W. Cowan, M.D., Surgeon H.M.'s Ship "Sphinx," of a son.

M'RAE.—On the 14th inst., at Fettercairn, the wife of A. E. M'Rae, M.B., C.M., of a son.

OAKMAN.—On the 17th of June, the wife of J. Oakman, M.R.C.S.Ed., of Battersea-square, of a daughter.

ROBSON.—On the 13th inst., at Iver, near Uxbridge, the wife of F. Hope Robson, M.D., F.R.C.S., of a son.

WORTHINGTON.—On the 14th inst., at Garston, Liverpool, the wife of Dr. Worthington, of a son.

MARRIAGES.

KEELAN—LEATHEM.—On the 24th of May, at the Cathedral, Georgetown, Demerara, Nicholas Walter Keelan, L.R.C.P.Ed., to Rosabella, daughter of the late Charles Leathem, Esq.

MOIR—CALDER.—On the 9th inst., at Hamilton, John Moir, L.R.C.P.Ed., to Janet Stewart, daughter of the late Alex. Calder, Esq.

DEATHS.

ASHFORTH.—On the 10th inst., at Anglesey, G. M. Ashforth, M.D., late of Market Overton, Rutlandshire, aged 32.

AVELING.—On the 11th inst., at Homerton, Lilian Maud, infant daughter of Chas. T. Aveling, F.R.C.S.

INNIS.—On the 10th inst., Thos. Innis, M.D., of Inverness-terrace, Hyde-park, and of Godstone, aged 56.

KENNEDY.—On the 8th inst., M. W. Kennedy, M.R.C.S.E., of Duke-street, Whitehaven.

SMITH.—On the 12th inst., Martha Anne, wife of J. W. Smith, L.R.C.P.L., of Coxwold, aged 29.

Notes, Short Comments, and Answers to Correspondents.

DRUNKENNESS IN THE ARMY.

OF late years we seem to have been introducing some very salutary and useful reforms into our army. It is true that in many places the soldiers' married quarters are far from what they should be, that perfection has not yet been attained in the personal equipment of the soldier, and that he might with advantage have a larger amount of meat, more work, as well as more variety in his work, and less drill, than he has at present. Still no one can doubt that the soldier of to-day is better clothed, lodged, and fed than formerly, and the consequence has been that the rates of mortality and invaliding have diminished, and the army is every day occupying a higher place among the sources of employment open to young men in this country. The vicious system of bounty has been done away with, and so far from its abolition having injuriously affected the recruiting, we are now obtaining a larger number of recruits than formerly. The authorities long ago discovered that one of the most urgent necessities of the service was the diminution of drunkenness. Imprisonment, detention in the guard-room, and extra drills were ineffective. A system of fines was at last agreed upon, and put into effect in May, 1869. The result has been very successful; but the question arose, What was the best way of disposing of the money that had accumulated from the fines. This amounted to a good deal in the course of eleven months. In the cavalry the fines amounted to £317; in the artillery, to £927; and in the line regiments, to the big sum of £8491; in the Guards, to £242; and in the Engineers, to £286. The Report of the Committee appointed by Mr. Cardwell about two months ago to inquire as to the best way of disposing of the amount has just been published. The Committee seem to us to have suggested the most equitable and practical method of effecting this. They recommend the formation of a fund, to be distributed generally among the several corps and regiments throughout the service, in preference to the money that is collected from any one corps being retained by that corps for distribution. Considering the part that non-commissioned officers have to take in the infliction of these fines, the Committee deem it advisable that neither sergeants nor corporals should share in the benefits of the fund, so that their action should be free from even the suspicion of interested motives. As regards the application of the money, the Committee conclude that the distribution should be based upon the principle of rewarding sobriety at the expense of drunkenness; and inasmuch as intemperance frequently results in sickness or imprisonment, they are of opinion that the sober and well-behaved man, who is always available to do his own duty as well as that of his irregular comrade, should be rewarded and encouraged. The fund is to be distributed in the shape of a bonus to well-conducted soldiers on discharge. We hail this as a very common sense and wise judgment.

OVERCROWDING.

DR. TRIPE, medical officer of health for Hackney, is able to report, as a consequence of regular inspection, that the number of cases of overcrowding discovered in his district showed a decline last year by comparison with 1868. A very large number of families now occupy two rooms who formerly lived and slept in one; and in 8903 houses with 22,400 rooms, the occupancy averaged but a little over three persons to two rooms. This is encouraging. But that much remains to be done is evident from Dr. Tripe's Report. Immorality and disease cannot but result when a husband and wife, a male lodger, and four children are found sleeping in one small room; and of similar indecent and overcrowded occupation other instances were brought to light by the inspectors. In a room not large enough for two persons, there were found living and sleeping a husband and wife, two children, a young man, and a young woman. The law has to wage an incessant warfare against poverty, ignorance, and penuriousness—sometimes singly, sometimes in combination,—in the matter of house accommodation, and the compassionate feelings of the health officers are, no doubt, at times sorely tried in carrying out their duty. The diminution of overcrowding must necessarily be a gradual process, and its successful accomplishment will depend largely on the discrimination and firmness of the medical officers of health. "Amongst widows with young families," says Dr. Tripe, "overcrowding cannot always be prevented; but I have put the law vigorously in force against heads of families who preferred drinking to providing proper accommodation for their wives and children."

D. R. K.—We really cannot undertake to reply to the long series of questions forwarded by our correspondent, especially as many of them either involve points of considerable difficulty, or relate to others about which the facts are not sufficiently numerous to warrant the expression of any opinion.

Mr. E. H. Neale.—The list has not yet been received.

THE M.B. EXAMINATION AT TRINITY COLLEGE, DUBLIN.

To the Editor of THE LANCET.

SIR,—I beg to thank you for inserting my former letter upon this subject in your impression of July 16th; and as I have reason to believe that in my efforts to be concise I failed to make myself intelligible, I must ask you to insert the following observations.

Relying upon the precedent of the February examination, I presented myself as a candidate, expecting to be examined in the hospital *viva voce* by either the Regius or the King and Queen's Professor of Physic, or by both. In the first case allotted to me I hesitated to give a diagnosis (as the case was one of considerable obscurity), intending to explain my reasons at the *viva voce* examination; and in the second my diagnosis was correct, for which the King and Queen's Professor awarded me a fair average mark in Practice of Physic. Here I may be met with the objection that my assertion as to the obscurity of the case is an *ex-parte* statement; but to this I can reply that the candidate who also examined the same cases (and who passed brilliant examinations for his medical and surgical degrees, and was also highly distinguished as a student) informed me that he was unable to satisfy himself as to either case; and it therefore follows that the examiners are unable to invalidate the weight of his opinion without damaging the status of their honour and ordinary examinations.

I have been for two years a registered surgeon, and, as for the greater portion of that time I have been either a ship surgeon or practising abroad, I am but imperfectly acquainted with the conduct of the profession at home. During my residence in the colonies, however, I was occasionally met in consultation by the medical men of the district I was staying in, and once or twice I was called in as a second opinion myself. In some of these cases my diagnosis was corrected by a professional brother; in other cases I had the honour of correcting the diagnosis of the attending medical man. In rare cases the best medical opinion to be obtained was unable to assert positively the nature of the disease. Presuming the experience of the profession in the home country is somewhat similar, I respectfully submit the question—Was it fair play on the part of the examiners to try no other test of my professional knowledge than by giving me two obscure cases to diagnose, to put me in a corner, and compel me to stand or fall by my chance of hitting on the diagnosis of the examiner?

In common with the other candidates, I presented myself expecting to be examined *viva voce*. In the hospital the Regius Professor alluded to the oral examination. Trusting to the examiners to fulfil a given promise, I reserved my diagnosis of a difficult case, intending to state my reasons at the *viva voce*, when, at the eleventh hour, and to consult the convenience of the examiners, the whole examination in the Practice of Physic was dwarfed down to the bare diagnosis of cases of unequal difficulty.

I shall not trespass longer on your kind indulgence. I have only further to request you will allow me, through the pages of your journal, to enter my protest against conduct as imperious, as arbitrary, and as indefensible as any that stains the records of any of the examinations of the day.

I am, Sir, your obedient servant,

July 26th, 1870. AN ADVOCATE FOR MEDICAL REFORM.

P.S.—I beg to add that I do not take exception in the slightest degree to the clinical examination having been held in a military hospital.

NURSING AT THE SOUTH DEVON HOSPITAL.

WE learn that the nursing at the South Devon Hospital, against which much complaint was made some time since, has been put on a more satisfactory basis. The majority of the recommendations of the medical officers have been acted upon by the executive; a staff of skilled nurses has superseded the old body, and are placed under the supervision of a lady superintendent.

Mr. W. H. Morris.—The case has already been commented upon in our columns.

Devon.—The fee is £5 5s., and application should be made to the Office of the General Medical Council in Soho-square.

OPERATIONS IN COTTAGES.

WE have received from the "Observer" of the *Western Morning News* a letter, explaining that the notice of that paper to its correspondents gave an inaccurate idea of the facts of the case. It seems that an operation for ovariotomy was immediately followed by an extravagant paragraph in the local papers, describing the case as one in which life was saved by brilliantly successful surgery, although the patient was absolutely dead before the paragraph appeared. The object of "Observer" was to announce the death, and to correct what he conceived to be errors in the original notice. Of course this statement, while it leaves our former observations absolutely unaffected, calls for others of a different character. It is impossible to condemn too strongly the indecent practice of publishing accounts of operations in country papers. It is very common for surgeons to disown any responsibility for such accounts, and in doing so they may be believed once. But no surgeon with any self-respect, or with any sense of the dignity of his calling, would fail to take measures to guard against the repetition of such an occurrence; and a second paragraph would justly expose its hero to a charge of at least tacit complicity in its appearance. We do not believe, however, that such paragraphs need ever trouble the repose of other men; and if they are worth contradicting, we would advise those who are interested not to contradict them anonymously. A puff in a local paper will not assist an incompetent practitioner to arrive at a position for which he is unfit; and the whole tribe of "Observers," "Lookers-on," "Inquirers," and the like, is held in somewhat lowly estimation by most honourable men.

THE CONFERENCE.

WE do not gather that much is likely to be done by the Corporations of London till the holiday weeks are over. Thereafter they will address themselves to a consideration of the situation. It is astonishing that these bodies should not ere this have come to some spontaneous coalition, like the sister Colleges in Scotland, for the purpose of granting a complete single diploma. Doubtless this will be one of the first objects to engage their attention as soon as they meet. They will do well, however, to consider the whole question of medical reform and the reconstitution of the Medical Council.

A Medical Practitioner is not compelled to assist unqualified practitioners of midwifery, male or female. But he is compelled by the law of humanity to assist women in obstetric difficulties, and would be liable to censure if he declined to do so on insufficient grounds. He may stipulate for the dismissal of the unqualified practitioner.

Dr. Manning, (Laverstock.)—The communication is hardly suited for our columns, and must be declined with thanks.

PUERPERAL CONVULSIONS.

To the Editor of THE LANCET.

SIR,—In late numbers of THE LANCET, observing two cases of puerperal convulsions in which the treatment appears to be most noticed, I should be glad to learn if either of those gentlemen found the cause of the convulsions, as then the treatment could be adopted accordingly.

In my limited practice of about a thousand cases, only one case of this complaint has occurred—that in January, 1868,—in which the health was impaired for some time previous, in a woman aged thirty-eight years. It was her first child. After the os had been dilating for twelve or fourteen hours, the head pressing on the perineum, accompanied by severe pains, she had the first fit at 12 P.M., which lasted half an hour, when consciousness returned; but after two or three pains, more fits followed, and she was then unconscious until five or six hours after delivery, which was effected by 4 A.M., up to which time fits continued. With the first fit a small quantity of blood came away, which led me to suppose something had given way and caused the fits; so I endeavoured to effect delivery as being the most likely means of stopping the fits. As in the other case, a discharge of a disagreeable odour came away for some days after. In other respects she did well. The treatment was a dose of ergot after the first fit, and a dose of tincture of opium before and another after delivery.

I attended the patient again last month, when I found the upper lip of the os uteri was rough, hard in the centre, and very much thickened, which, no doubt, had given way in the former labour, and thus explains the cause of the fits.

Yours truly,

July 11th, 1870. J. M.

EFFECTS OF HEAT IN NEW YORK.

ACCOUNTS from the Transatlantic capital tell of the distressing heat which prevailed in July, and of its serious effect upon the health of the inhabitants. An increase of 341 deaths in one week is ascribed to the "excessively high temperature" alone. Unfortunately the readings of the thermometer, as quoted for New York, do not always admit of comparison with those of our Astronomer Royal for Greenwich. Some correction is evidently necessary when we find it recorded as an instance of great heat that "the mercury rose to 129° in the sun," for the readings last week at Greenwich were in excess of that figure. A reading of "95° in the shade" undoubtedly implies great heat, for that is 5° above the shade temperature at Greenwich on the hottest day we have had this year. The deaths from sunstroke in New York have been numerous, amounting to as many as 91 in one week, and special provision had to be made to bring the sufferers by heat under prompt treatment. At the Sunstroke and Accident Hospital a horse was kept harnessed to an ambulance for bringing in cases of heat apoplexy. Dr. Vandewater, the house-surgeon, stated as a remarkable fact that a negro woman had been smitten down, which was the first instance he had ever met with of one of her race succumbing to the effects of heat.

UNQUALIFIED MIDWIFERY PRACTICE.

To the Editor of THE LANCET.

SIR,—An annotation appears in your last impression, evidently based upon a very one-sided and partial report of the case of Pike *v.* Goodson, and on which, as the party after all most concerned, you will perhaps, with the impartiality which has always been one of the distinguishing characteristics of THE LANCET, permit me to make a few observations.

In the first place, an immense amount of *suppressio veri* runs through the whole of the report. It is not mentioned that Dr. Anstie (one of the lecturers at Westminster Hospital), Dr. James Joseph, and Mr. Sutcliffe (two neighbouring practitioners) were present at the trial, and that they unanimously gave evidence to the effect that the treatment was correct, that the woman was never in any real danger, and that there was no unskilful treatment. The preposterous statement of Drs. Leslie and Brown, that the whole of the difficulties of the case arose from brandy and soda-water having been ordered, was utterly scouted. It was proved that ice, iced water, bicarbonate of potash mixture, effervescing mixtures, and some one-grain opium pills were given at various times during the two days the patient was seen by my assistant, Mr. Goodson.

It was also given in evidence on all sides that there was a dead fœtus in utero, and Mr. Goodson gave an opinion to that effect at first; and he, thinking that labour would come on spontaneously sooner or later, desired that a message should be sent if the patient became worse. Had there been any untoward symptoms, he would have sent for me at once. As it was, none of the urgent symptoms of exhaustion were said to come on until the sickness was arrested by the hydrocyanic acid.

The Judge said that the allegation of unskilful treatment was not proved, and that he did not think the woman had suffered in any way, or was in any way injured, by the treatment adopted; but held that the attendance should have been more continuous—i. e., that the patient should not have been left, and for that reason awarded £5 damages.

This judgment took us by surprise, the items for which Mr. Goodson was sued being Dr. Leslie's bill, Dr. Brown's fee of one guinea, for nursing, and for loss of time, none of which the Judge allowed.

Steps have been taken to obtain a new trial, the defendant not having been informed that any negligence was alleged, the plaintiff's attorney and medical witnesses throwing stress upon the impropriety of the brandy and soda-water treatment.

The passage in Churchill put in evidence at the trial says that stimulants are not desirable in the sickness of pregnancy, by which I understand the usual sickness of early pregnancy. In the present instance the woman was in about the eighth month, the vomiting being presumably from the presence of the dead fœtus, and symptomatic of approaching labour.

The truth of the matter is, the action was really to recover the bill for medical attendance; and if success had been obtained in that respect, the principle would have been established, that if a patient is not improving, and pleases to change his or her medical man, the first practitioner is liable for the charges of the second.

This is not the only action brought to recover similar amounts. One is now going on at Guildford against me, in which the same practitioner is the chief witness, and his bill the principal item in the original demand; and another of a somewhat analogous character against a general practitioner at Nine Elms, in which the same gentleman also plays an identical part.

Lastly, with regard to Mr. Goodson. He entered the profession in 1865 by serving his time as an articled pupil with a country practitioner of some repute. He then resided with one or two practitioners as general assistant, and has lived in that capacity with me for the last seven years. He has completed his second year of attendance at lectures and hospital practice, and in some six months will be able to obtain a qualification, the near approach of which time is probably one of the real causes of these proceedings.

I am, Sir, yours obediently,

Battersea, August 16th, 1870. W. H. KEMPSTER.

QUEEN'S COLLEGE, GALWAY.

WE have received a copy of the Report of an Extraordinary Visitation of Queen's College, Galway, held at Dublin Castle on 30th and 31st March last, ordered to be presented to both Houses of Parliament. The proceedings arose out of charges made by Mr. Andrew Smith Melville against the authorities of the College, and published in communications from that gentleman in our columns on Dec. 18th, 1869, and January 8th and 22nd last. The whole of the letters, with a report of the subsequent proceedings thereon, are included in the document before us. The subject excited some attention at the time, and the merits of the case were then fully discussed by us; and it would now seem that they will receive still further discussion in the House of Commons during the next session of Parliament.

M.D. BRUSSELS.

To the Editor of THE LANCET.

SIR,—Can any of your readers give me the particulars respecting the above degree, or to whom letters of inquiry should be addressed? I have written twice to the Dean of the Medical Faculty, but received no reply.

I am, Sir, yours, &c.,

August, 1870. L.R.C.P. Ed., &c.

WE are informed that the guardians of Wandsworth and Clapham Union, at their meeting on the 4th instant, appointed a "vaccination inspector and prosecutor," and that he has commenced his duties. It will be remembered that the guardians were at first disinclined to take this step, and we are glad they have at length come to a satisfactory decision.

A CORRESPONDENT, whose writing is so bad that we cannot decipher his signature, and who wishes to be informed in what way he can obtain an appointment as assistant-surgeon in the French army, should apply to the French embassy on the subject.

Mr. J. D. Allen would be doing a public service if he will call the attention of the Secretary of the College of Surgeons to the doings of the gentlemen to whom reference is made in his letter.

Dr. Bell, (Glasgow.)—If the case is briefly recorded, it shall be inserted.

IMPORTANT SURGICAL OPERATION AT KELSO.

WE have read in the *Kelso Chronicle* the wonderful case of the man, George Melrose, who came to grief by riding on a portable water-barrel. We have in vain tried to imagine his posture, and all the melancholy surgery which accrued from his fall. The only mitigating circumstance seems to be that he fell into the hands of Dr. J. Bookless and Dr. J. P. Bookless. The description given in the *Chronicle* of the feats of surgery performed in the case by these two gentlemen will almost make Melrose grateful that he was the accidental means of bringing to light such surgical talent. There were the surgical injuries which arose directly from the fall from the "portable water-barrel," which barrel, doubtless, Melrose will prefer in future to carry rather than to ride; then the case was complicated by a "tumour of the mouth," which the doctors removed in a most satisfactory way. Not only was this removed, but it was deemed prudent to take away at the same time "a portion of the flanking substance." Not to dwell longer on this interesting case, the water-barrel, the brave patient, and the skilful surgeons—the *Chronicle* adds that the patient expresses his lively satisfaction, and "testifies his cheery gratitude to the skilful and tender treatment he has received." The skilful surgeons will, probably, feel surprised to see their skill so emblazoned in the local paper. They will not be too severe on the *Chronicle*, which knows no better; but they will, doubtless, inquire minutely of the *Chronicle* where it got its information—evidently supplied by a pen that is in the habit of mixing up sensational with professional subjects—water-barrels and bony tumours.

F. H. W.—The medical officer of a county asylum cannot claim a fee from the coroner for evidence or for a post-mortem examination made by the coroner's order at an inquest holden at the asylum upon one of the inmates. Our correspondent, if he refers to 6 and 7 Wm. IV., c. 89, sect. 5, we believe, will find that it exempts from the operation of the Act, by which fees are made payable to medical witnesses, "inquests held on bodies of persons dying in any public hospital or infirmary, or in any building or place belonging thereto, or dying in any county or other lunatic asylum," &c. &c.; whilst it declares that the medical officer whose duty it was to attend the deceased "shall not be entitled to any fee or remuneration." Further information may be found in the "Medical Practitioner's Legal Guide," by Weightman.

Medicus should apply to a magistrate, and lay the facts of the case before him.

COLLEGE OF SURGEONS' PRELIMINARY EXAMINATION.

A CORRESPONDENT complains of the character of the paper set in Chemistry at the recent preliminary general examination at the Royal College of Surgeons of England. The questions are supposed to be on the elementary facts in Chemistry. Our readers can judge for themselves, as we append the questions, whether the complaint of our correspondent is just:—

1. Supposing black oxide of copper to lose 100 grains of its original weight when gently heated in a current of pure hydrogen, what will be the quantity of water produced, and how may it be collected and weighed?
2. What happens when chlorine gas is passed into a solution of cold dilute potash, and into a solution of stronger potash at a boiling heat?
3. By means of a vacuous flask, purified atmospheric air is drawn slowly over metallic copper heated to redness. Supposing the copper to acquire 50 grains in weight, what will be the weight of nitrogen drawn into and retained in the flask?
4. A mixture of charcoal and chalk is strongly heated in a gun-barrel. What gas is thereby produced, and what are its properties?
5. What happens when nitrate of ammonia and phosphate of ammonia respectively are subjected to heat?
6. By what common gases or vapours is a piece of starch-paper, moistened with iodide of potassium solution, rendered blue? By what common gases or vapours is the blue colour, so produced, discharged?

"FREDERICK SELBY BETTLE, DISPENSING CHEMIST AND ACCOUCHEUR."

THE above is the heading of a handbill. We should like to see the report of the adjourned inquest on the case of Mrs. Pinney, attended in midwifery by Mr. Bettle.

Mr. Thomas M. Bryan.—Apply to the Secretary of the Society for Aid to the Wounded, 9, St. Martin's-place, W.

CONFLICTING MEDICAL EVIDENCE.

To the Editor of THE LANCET.

SIR,—My attention has been called by a professional friend, who was present when my evidence was given in the case of Regina *v.* Smith at the last Durham assizes, to what he terms a "misrepresentation" of that evidence in the editorial columns of THE LANCET of the 6th instant. I do not know from what source you have obtained the materials which you appear to have deemed sufficient to enable you to give judgment, and to administer a rebuke; but this I know, that either you must have been misled as regards myself by some garbled or inaccurate statement, or you have animadverted inadvertently in the matter in question.

Your obedient servant,

Bishop Auckland, August 15th, 1870. JOHN JOBSON.

*** It would have been more satisfactory if Mr. Jobson had in detail showed the inaccuracy of our statements. We see no reason to change our opinions as to the medical evidence in this case.—ED. L.

THE LATE CASE OF HANGING IN DUBLIN.

THIS remarkable case, in which the head was separated from the body during the execution, and which caused such excitement in Dublin, has, by order of the Lord Lieutenant, been officially investigated by Drs. Lentaigne and Hatchell, who have come to the conclusion that the accident was not attributable to the fall of 16 feet, but to the badness of the rope, which was incapable of resiliency.

THE UNIVERSITY OF DURHAM.

IT has always been difficult to understand the advantage of residence in Durham for the purposes of learning the art and science of medicine, unless, indeed, upon Dr. Stokes's principle, that the way to learn physic is to learn everything else but medicine. The University of Durham seems to have perceived this, and has so altered the conditions of the gift of its degree as to give a student the option of residence in Newcastle or Durham. This is a liberal change, and one creditable to the University. The Newcastle School, in the prospectus just published, is called the University of Durham College of Medicine. By the way, it is remarkable that no curriculum of study is published in this prospectus. This defect must be greatly inconvenient to students, and it is unsatisfactory to the public, whose attention has of late been much directed to the state of medical education in connexion with Durham University.

THE Holbeach guardians have, as we gather from the *Lincolnshire Chronicle*, been considerably perplexed by their inability to comprehend the scientific nomenclature adopted by one of the union medical officers in entering the diseases of pauper patients. The *Chronicle* sensibly advises that the clerk should procure from Spottiswoode's for the use of the Board a copy of the new Nomenclature of the College of Physicians, which would remove the difficulty.

Mr. J. W. Lloyd should seek the advice of some eminent surgeon who has made urethral disease a subject of special study.

GORDON'S SPLINT.

To the Editor of THE LANCET.

SIR,—I have seen in the English medical journals allusions to a radial splint, known by the name of Gordon's splint. None of the London instrument makers of whom I have made inquiries seem to know anything of it. Can any of your readers refer me to a place where it can be obtained. I wish to take back to the United States of America what has proved useful, and should be much obliged for information in regard to the above-mentioned article.

I am, Sir, yours truly,

Richmond-road, Barnsbury, August, 1870. AMERICAN SURGEON.

LORD HENRY SEYMOUR'S WILL.

IN addition to the sum of £432 a piece which has already been paid to 85 London "hospices" under the will of the late Lord Henry Seymour, the representatives of those charities have just been informed by the solicitor in the cause that there remains enough stock in the name of the Accountant-General of the Court of Chancery, including the balance yet to be received from the French administrator, to yield a further division of about £160 each to the charities, still leaving a reserve for contingencies. It has been arranged that steps shall be at once taken to make this additional distribution, which will bring the sum total received by each of the 85 "hospices" under Lord Henry Seymour's bequest up to £642.

A CURIOUS IMPORTATION.

THERE has been sent from the Island of St. Lucia a barrel containing 4150 heads of rat-tail serpents. The package is directed to Dr. Sanderson, and has been conveyed at the cost of the Government.

Mr. W. E. Tuson.—We did not happen to notice the article referred to. There are several kinds of bullet extractors, some of which are well adapted to the purpose.

SEXUAL DISORDERS.

Mr. Thomas Partridge (Lozells, Birmingham) writes to say that he succeeded in completely curing a case of masturbation by the operation of circumcision.

COMMUNICATIONS, LETTERS, &c., have been received from—Mr. F. C. Skey; Mr. Teevan; Dr. Heywood Smith; Surgeon-Major Wyatt; Dr. Macadam, Edinburgh; Mr. Edwards; Dr. Worthington, Garston; Mr. Heffernan; Dr. Tanner, Penge; Mr. Steward; Mr. Dawson; Mr. Gale; Mr. Langley; Mr. Walker, Corwen; Dr. Smith, Whitby; Mr. Peters; Messrs. Bancroft, San Francisco; Mr. Rourke; Dr. Neale, Dublin; Mr. Plumbly; Mr. Hicks, St. David's; Mr. Cohen; Mr. Willoughby; Mr. Manning; Mr. J. Jobson, Bishop Auckland; Dr. Denny, Malvern Wells; Mr. Kirkwood, Tuam; Dr. Partridge, Birmingham; Mr. Hyde, Bloxam; Mr. Brown, Uppingham; Mr. Keymore; Mr. Armstrong; Dr. Drury, Sunderland; Mr. J. D. Allen, Cirencester; Dr. Ellery, Plympton; Mr. Carruthers; Dr. Roberts, Manchester; Mr. Bolton; Mr. M'Farland; Mr. Mackeson; Mr. Daji, Bombay; Mr. Smith, Huddersfield; Dr. Taylor, Newcastle; Dr. Hewson, Stafford; Dr. Pearse, Wellington; Dr. Bell, Glasgow; Mr. Jordan; Mr. Bagshaw; Mr. Bowen, Hailsham; Mr. Dickson; Dr. Cowan, Musselburg; Dr. Coates, Malvern; Mr. Collyer; Dr. Leslie; Dr. Robson, Iver; Dr. Adams, Barnes; Dr. Tylecote, Stafford; Mr. Harvey; Mr. Simpson; Mr. Rae, Stirling; Mr. Bagster; Dr. J. A. Thompson; Mr. Barber; Mr. Henson; Mr. Crane; Dr. Beverley, Norwich; Mr. Hewett; Dr. Arnison, Newcastle; Mr. Lucas; Mr. Rayner; Mr. Ferain, Macclesfield; Mr. Eepin; Mr. Fryer, Hailsham; Dr. M'Rae, Fetteresiro; Mr. Baker; Mr. Robon; Dr. Newham, Winslow; Mr. Garnett; Mr. Brough; Dr. Herberison, New Cumnock; Mr. Whitford; Medicus; A Subscriber; X.; An American Surgeon; A., Herefordshire; E. G.; P. Q., Dublin; J. O., Battersea; F. H. W.; Tristis Deplorator; The Dean of Charing-cross Hospital School; B. A.; R. T.; Observer; D. W.; J. M.; Epsilon; Devon; The Military Secretary, India Office; Non-Hysterical; Sanitas; W. J., Horley; C. F.; Chloral; R. H. L.; M.D.; The Commissioners for the Annual International Exhibitions; &c. &c.

North Wales Chronicle, Journal de Médecine Mentale, Liverpool Journal, Jamaica Gazette, Cardiff Times, Westminster Chronicle, Newcastle Daily Chronicle, Royal Cornwall Gazette, Redditch Indicator, New York Medical Gazette, and *Brighton Guardian* have been received.

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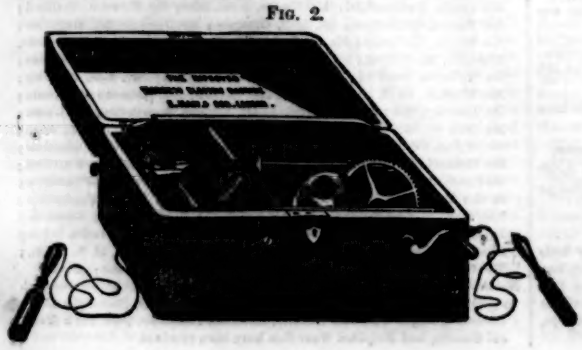
MAGNETO-ELECTRIC MACHINES.

Fig. 1.

Fig. 2.



	£	s.	d.
Self-acting, as Fig. 1	2	2	0
Rotary, with handle for turning, as in Fig. 2	1	4	0
Ditto, with double magnet, very powerful	1	13	0
The following appliances can be supplied with either of the above, or separately :—			
For the Teeth	0	3	0
,, Throat	0	7	0
,, Uterus	0	2	6
,, Bladder	0	6	6
,, Ear	0	3	0
,, Feet	0	3	0
,, Spine	0	3	6

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